FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 6'

677923

(5)

GRENELL, INC.

	_				
Princle	Bl	Place	of	Bus	iness

Mailing Address

613 EATON STREET KEY WEST FL 33040 613 EATON STREET KEY WEST FL 33040-6802

FILED Apr 28 1997 8:00am Secretary of State

						3. Date Incorporated or Qualified	3a. Date of Last Report
* .						07/09/1980	04/23/1996
2. Principal Pl	ace of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				59-2036017	➤ Not Applicable
Suite, Apt.	#, etc.	_	pt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State)	City & S	State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Ziρ	Country	Zip		Counti	у́	8. This corporation has hability for in	ntangible tax under s. 199.032,
24	25	29		30			Yes 🔯 No
	9. Name and Address of Current	Registered Ag	ent			10. Name and Address of New Reg	Istered Agent
HEN	DRICK, JAMES T.			8	Name		
	WHITEHEAD ST.			8:	0 0 0	(D.O. Day Musel in Mal Assessed	
	WEST FL 33040		•		Street Ad	dress (P.O. Box Number is Not Acceptab	(e)
. NET	11E01 FE 03040			8:	3		
•				8	4 City		FL 85 Zip Code
11. Pursuant !	o the provisions of Sections 607 0502	and 607, 1508	Florida Statut	es, the abo	ve-named co	orporation submits this statement for the p	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida, Such	change was a	authorized b	by the corpor	ation's board of directors. I hereby accep	the appointment as registered
	m ramiliar with, and accept the obligat	ions or, Section	1 607.0000, FIC	moa statut	JS.		
SIGNATURE	Signature, typed or printed name of registered agent	Land title if applicable	· (NO1	F: Registered A	nent signature rec	quired when reinstating)	DATE
12.	OFFICERS AND			I 13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD		DELETE	1.1 TITLE			Change Addition
NAME	MAXWELL,SAMUEL J.			1.2 NAMI	:		
STREET ADDRESS	613 EATON STREET			1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	KEY WEST FL			1.4 CITY			
TITLE	SD SD		DELETE	2.1 TITLE	31-211		Change Addition
NAME	TEMPLE, D.C.A.			2.2 NAMI			_ , _
STREET ADDRESS	613 EATON STREET				ET ADDRESS		
	KEY WEST FL						
CITY-ST-ZIP	NET WEST FL		DELETE	2 4 CITY 3 1 TITLE	· \$1 · ZII'		Chanoe Addition
TITLE							En change En Acquiton
NAME				3.2 NAMI			
STREET ADDRESS					E1 ADDRESS		
CITY-ST-ZIP		er 10.11.5 to 1.70 to	DELETE	3 4. CITY			Change Addition
TITLE			□ DELETE	4 1 11111			CO CHANGE CO ADDITION
NAME				4 2 NAM	-		
STREET ADDRESS					F1 ADDRESS		
CITY-ST-ZIP			Detre	4.4 City			District Dates
TITLE			DELETE	5.1 THE			☐ Change ☐ Addition
NAME				5 2 NAM			
STREET ADDRESS				5.3 STRE	EL ADDRESS		
CITY-ST-ZIP				5 4 CITY	-S1-7IP		
TITLE			DELETE	6.1 TO LE			Change Addition
NAME				6.2 NAM			
STREET ADDRESS				6.3 STRE	F1 ADDRESS		
CITY-ST-ZIP				6.4 CITY	· ST · ZIP		
إحصب تبصب				·		71 6 11 11 6 11	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

TO D.C.A. TEMPE 4/20/07 (305)796-1846