FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **857261** **(2)**

1. Corporation Name

GRANDY'S, INC.

Principal Place of Business	Mailing Address
450 NEWPORT CTR. DR. SUITE 600 NEWPORT BEACH CA 92660	450 NEWPORT CTR. DR. SUITE 600 NEWPORT BEACH CA 92660

3. Date Incorporated or Qualified: **07/29/1983**

3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **94-2896657** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if agent is a corporation — Required when executed by registered agent.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, RALPH S.		1.2 NAME		
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOLIMAN, ANWAR S.		2.2 NAME		
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KELVIE, PATRICK J.		3.2 NAME		
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCAFFREY, WILLIAM J.,JR		4.2 NAME		
STREET ADDRESS	450 NEWPORT CTR.DR. 6 FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA		4.4 CITY-ST-ZIP		
TITLE	~~V~~	☒ DELETE	5.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	~~SPECK, ROBERT A.~~		5.2 NAME	HEIDI B. GOTLIEB	
STREET ADDRESS	~~450 NEWPORT CTR. DR. 6FL~~		5.3 STREET ADDRESS	450 NEWPORT CENTER DR. 6TH FLOOR	
CITY-ST-ZIP	~~NEWPORT BEACH CA~~		5.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCAFFREY, WILLIAM J. JR		6.2 NAME		
STREET ADDRESS	450 NEWPORT CTR. DR 6 FL		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEWPORT BEACH CA		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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.

SIGNATURE: William J McCaffrey Jr — 4/30/96 — (714) 721-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)