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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F4

1998

F47237

(5)

GR-JAR, INC.

FILED Apr 02 1998 8:00am Secretary of State

						3	
Principal Place of Business 2601 SOUTH BAYSHORE DR. SUITE 500 COCONUT GROVE FL 33133 US			Mailing Address 2601 SOUTH BAYSHORE DR. SUITE 500 COCONUT GROVE FL 33133 US		t 1284:108 filt Billit fatte 11800 tiltt idbi arbit dint dinte dinte dinte finnt		
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/01/1981		
2. Principal Place of Business			2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For	
21			26		59-2125178	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required			
23	City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip	Country 25	Z _{IP} 39	Country	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	irrent year Intangible Yes X No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	2601 S BAYS	BARRY LOGY SYSTEMS IN CHORE DR #500 ROVE FL 33133	C	81 Name 82 Street Ac 83	ddress (P.O. Box Number is Not Acceptable)		

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

-9		·			
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able (NOTE:	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Chang	e 🔲 Additio
NAME	GILMAN, MILES E		1.2 NAME		
STREET ADDRESS	2601 S BAYSHORE DR #500		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		1.4 CITY - ST - ZIP		
TITLE	CFOS	DELETE	2.1 TITLE	☐ Chang	e 🔲 Additio
NAME	TANNER, W BARRY		2.2 NAME		
STREET ADDRESS	2601 S BAYSHORE DR #500		2.3 STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL		2. 4 CITY - ST - ZIP		
TETLE		☐ DELETE	3.1 31fLE	☐ Chang	e 🔲 Additi
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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NAME			4. 2 NAME		
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NAME			5.2 NAME		
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CITY-ST-ZIP			5.4 CITY-ST-7IP		
TITLE		DELETE	6.1 TITLE	Chang	je 🔲 Additio
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			04.0079 03.700		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.