FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90001 022 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9300001388

1. Corporation Name

GRACETON, LTD., INC.

Principal Place	of Business	Mailing Address							
1855 GRIFFIN A	ROAD	1855 GRIFFIN ROAD							
A-316		A-316			DO NOT WRITE IN THIS SPACE				
DANIA FL 33004		DANIA FL 33004			DO NOT WRITE IN THIS SPACE				
1						3. Date Incorporated or Qualifed 03/19/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0393326		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- Continue of Status Desired	120	\$8.75	Additional
22		27	-			-5Certifcate of Status Desired	<del>7</del> -	Fee Re	•
City & State	е	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	_ Counti □	ry		8. This corporation owes the curre	ent year inta	angible □Yes	□No
24	25	29 30	아			Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	+	1 N		10. Name and Address of New R	egisterea A	Agent	
ech!	MITT, CLIFFORD W		8	א וני	lame				
1855 GRIFFIN ROAD		82 Stre		Street Addres	ss (P.O. Box Number is Not Accepta	ble)	•		
A-316		83			<del></del>				
	IA FL 33004		°	3					
Q/AV	# ( C 0000 )		8	4 C	City		FL	85 Zip (	Code
44 Diversions	to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the abo	Ve-n:	amed como	ration submits this statement for the	<del></del>	changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was auth	norized b	y the	corporation	's board of directors. I hereby accep	t the appoir	ntment as re	gistered
	1.1.1.1.V	CLIFFORDW Schmi		,,,			4-6-	9	
SIGNATURE_	Signature, typed or printed same of registered agen		egistered Ag	ent sig	nature required v	when reinstating)	DATE		i
12.	OFFICERS AN		13.		·	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				-	Change	☐ Addition
NAME !	HINTON, NIGEL		1.2 NAME	Ē		•			
STREET ADDRESS	1855 GRIFFIN ROAD A-316		1.3 STRE	ET ADI	DRESS				ì
CITY-ST-ZIP	DANIA FL 33004								ļ
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NAME	_	☐ DELETE	2.1 TITLE	=	P			Change	Addition
li	WORTHINGTON, SU	☐ DELETE	2.1 TITLE 2.2 NAME	E				☐ Change	Addition
STREET ADDRESS	Worthington, SU 1855 Griffin Road A-316	DELETE	2.1 TITLE 2.2 NAME 2.3 STRE	E ET AD	ORESS			☐ Change	Addition
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CITY-ST-ZIP 14. I hereby 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, with all other like-ampowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

3/3/99