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CORPORATION ANNUAL REPORT



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

1996

F94000004250 (6) DOCUMENT # GRAY AND COMPANY HOLDINGS, INC. Principal Place of Business Mailing Address 4731 PINETREE DR 4731 PINETREE DR MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 US HS 3. Date Incorporated or Qualified 3a. Date of Last Report 08/17/1994 05/01/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 1497 CHAIN 54-1403441 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing City & State City & State \$5.00 May Be ٧A \Box MCLEAN 28 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s 199.032, Zin Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRAY, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 82 **4731 PINETREE DRIVE** 83 MIAMI BEACH FL 33140 84 City Zip Code R5 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) (12/95)OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSD** DELETE Change ☐ Addition TRILE 1.1 TITLE GRAY, ROBERT K NAME 1.2 NAME CR2E034 **4731 PINETREE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE ☐ Change Addition 2. 1 TITLE -TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITL€ NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIP DELETE Change ■ Addition 4 1 TITLE TIBLE NAME 4.2 NAME 43 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAMé 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST-ZIP TITLE DELETE 6. 1 TITLE ["] Change Addition 6.2 NAME NAME STREET ADDRESS 6 3 STREET ADDRESS 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 agrue report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the contraction or the receipt of trues are empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

appears in Block 12 or Block 13 if change

29 March 538 1050