

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003983 (0)**

1. Corporation Name
GRS INSURANCE GROUP, INC.

Principal Place of Business
**6905 ROCKLEDGE DR., STE. 720
BETHESDA MD 20817**

Mailing Address
**6905 ROCKLEDGE DR., STE. 720
BETHESDA MD 20817**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1997

4. FEI Number

38-3331200

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address

26 **1000 Town Center**
Suite, Apt. #, etc
27 **Suite 1000**
City & State
28 **Southfield, MI**
Zip Country
29 **48075-1226** 30 **USA**

9. Name and Address of Current Registered Agent

**GABRIEL ROEDER SMITH & CO
301 E. LOS OLAS BLVD., STE. 200
FT. LAUDERDALE FL 33301**

81 Name

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

301 E. (LAS) OLAS BLVD, Ste 200

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

Sign the typed or printed name of the registered agent and fill in applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAVANAUGH, THOMAS	
STREET ADDRESS	1000 TOWN CENTER, STE. 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	DAVIS, F. KENNETH	
STREET ADDRESS	1000 TOWN CENTER, STE. 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILLIAMS, SHIRL	
STREET ADDRESS	1000 TOWN CENTER, STE. 1000	
CITY-ST-ZIP	SOUTHFIELD MI 48075	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98

Date

248-799-9000

Daytime Phone # **0008618**

CR2E034 (10/97)