## 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

1998 DOCUMENT #

G84133

(9)

GRODEN-STAMP CONSTRUCTION, INC.

Principal Place of Business Mailing Address 153 NE 97TH ST 153 N.F. 97TH ST MIAMI SHORES FL 33138 MIAMI SHORES FL 33138

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2373188 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 30 ☐ Yes 29 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 GRODEN, RICHARD J. 153 NORTHEAST 97TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI SHORES FL 33138 83 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS

SIGNATURE 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE GRODEN, RICHARD J. 1.2 NAME NAME 571 SW 63RD TERRACE STREET ADDRESS 1.3 STREET ADDRESS PLANTATION FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STAMP, BRIAN F. NAME 2.2 NAME 8834 FROUDE AVE 2.3 STREET ADDRESS STREET ADDRESS SURFSIDE FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C!TY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 52 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 by the vecelver 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. (representations) and accurate an accurate and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE:

CR2E034