

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90158 020 ***300.00

DOCUMENT # **G94329**

1. Corporation Name
GRAY'S IN THE GROVE, INC.



Principal Place of Business

% KEITH GRAY
~~1645 W 22ND ST.~~
~~MIAMI BEACH FL 33139~~
~~US~~

Mailing Address

1645 W. 22ND STREET
~~1031 LINCOLN RD~~
~~MIAMI BEACH FL 33140~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1984

4. FEI Number

59-2004398

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **2998 McFarlane Rd**

2a. Mailing Address

26 **1645 W. 22 St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Coconut Grove**

City & State

28 **Miami Beach, FL**

Zip

24 **33133**

Country

25 **USA**

Zip

29 **33140**

Country

30 **USA**

9. Name and Address of Current Registered Agent

GRAY, KEITH A.
1645 W 22ND ST
~~2690 S BAYSHORE DR~~
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

Gray, Keith A

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

1645 W 22 St

83

84 City

Miami Beach FL

85 Zip Code

33140

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)

DATE

Keith A Gray 4-1-99

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **GRAY, KEITH**
STREET ADDRESS **1645 W. 22ND STREET**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **GRAY, KEITH**
STREET ADDRESS **1645 W. 22ND STREET**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

Keith A Gray 4-1-99 865-0599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0208853