

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 11 11:10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J13197** (5)

1. Corporation Name  
**GRI OF SOUTH FLORIDA, INC.**

2. Principal Office Address  
**951 S ANDREWS AVE  
POMPANO BCH FL 33069  
US**

2a. Mailing Address  
**951 S ANDREWS AVE  
POMPANO BCH FL 33069  
US**

DATE OF STATE FILING

21. Date of Fiscal Year End  
**25**

26. Mailing Address

22. State of Incorporation  
**27**

27. State of Incorporation

23. City & State

28. City & State

24. Name of Current Registered Agent

29. Name of Current Registered Agent

25. Name of New Registered Agent

30. Name of New Registered Agent

3. Date of Incorporation or Reincorporation  
**05/07/1986**

3a. Date of Last Report  
**03/02/1994**

4. FIC Number  
**65-0002953**

Applied For  
Not Applicable

5. Certificate of Status Issued  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Fund Fund Contributions  **\$5.00 May Be Added to Fees**

6. Other Information Available for Public Inspection  **File in State Files**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WRIGHT & FULFORD, P.A.  
145 N. MAGNOLIA AVE.  
P.O. BOX 2828  
ORLANDO FL 32802**

81. Name  
82. Street Address (P.O. Box Number, Not Applicable)  
83.  
84. City  
**FL** 85. Zip Code

11. I, the undersigned, as a duly qualified and duly sworn Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered office and registered agent in both of the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with the law of the jurisdiction of the State of Florida Statutes.

SIGNATURE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS - 1995**

**13. ADDITIONS TO LIST OF OFFICERS AND DIRECTORS IN 1995**

OFFICER	<b>P</b>
NAME	<b>WALICK, GREGG E.</b>
STREET ADDRESS	<b>951 S ANDREWS AVE</b>
CITY	<b>POMPANO BCH FL</b>
OFFICER	<b>V</b>
NAME	<b>POWELL, STEVEN G.</b>
STREET ADDRESS	<b>951 S ANDREWS AVE</b>
CITY	<b>POMPANO BCH FL</b>
OFFICER	<b>T</b>
NAME	<b>FRIEDMAN, BRIAN D</b>
STREET ADDRESS	<b>951 S ANDREWS AVE</b>
CITY	<b>POMPANO BCH FL</b>

OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	
OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V.P. Finance</b>
STREET ADDRESS	<b>Herbert R. Bachelder</b>
CITY	<b>951 S. Andrews Avenue</b>
STATE	<b>Pompano Beach, Fl 33069</b>
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	
OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY	

14. I, the undersigned, certify that the information set forth on this form is substantially true and correct to the best of my knowledge and belief. I am a duly qualified and duly sworn Florida Statutes. I further certify that the information set forth on this form is true and correct to the best of my knowledge and belief. I am a duly qualified and duly sworn Florida Statutes. I further certify that the information set forth on this form is true and correct to the best of my knowledge and belief. I am a duly qualified and duly sworn Florida Statutes.

SIGNATURE: *Gregg E. Walick*

5/12/95 11:10 AM 4/25/95