

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90104 035 ***150.00

DOCUMENT # J13197

1. Entity Name
 GRI of South Florida, Inc.

Principal Place of Business
 951 S. Andrews Ave.
 Pompano Beach, FL 33069

Mailing Address
 3323 W. Commercial Blvd.
 Suite 200
 Ft. Lauderdale, FL 33309

2. Principal Place of Business
 951 S. Andrews Ave.
 Suite, Apt. #, etc.
 Pompano Beach, FL 33069
 City & State

3. Mailing Address
 3323 W. Commercial Blvd.
 Suite, Apt. #, etc.
 Suite 200
 Ft. Lauderdale, FL 33309
 City & State

DO NOT WRITE IN THIS SPACE

Zip
 33069
 Country
 USA

Zip
 33309
 Country
 USA

4. FEI Number
 65-0002953
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
 1200 S. Pine Island Rd.
 Plantation, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	P Joe Conn
STREET ADDRESS	951 S. Andrews Ave.
CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	<input type="checkbox"/> Delete
NAME	TD Dale Eby
STREET ADDRESS	3323 W. Commercial Blvd
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	<input type="checkbox"/> Delete
NAME	SD Gregg Wallick
STREET ADDRESS	3323 W. Commercial Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33309
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale E Eby, Treasurer

4/26/00

954/942-3550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #