May 10, 1999 8:00 am Secretary of State

05-10-1999 90122 040 ***150.00

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

DOCUMENT # J96358

1. Corporation Name

GRIFFITE	I <u>ENTERPRIS</u> ES, INC.	<u></u>		•				
Principal Place	e of Business	Mailing Address				1 81811 AISH 41811 B	1011 01011 1001	
5279 W. PINE RIDGE BLVD. BEVERLY HILLS FL 32665 5279 W. PINE RIDGE BLVD. BEVERLY HILLS FL 32665					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 10/06/1987	 -		i
2. Principal Pl	ace of Business	2a. Mailing Address 26		· · ·	4. FEI Number 59-2847550		plied For t Applicable	ı
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		ſ
City & State	9	City & State		, , , , , , , , , , , , , , , , , , , 	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country 25	Zip 30	Country	,	This corporation owes the current year Personal Property Tax.	Intangible	□No	ı
24	9. Name and Address of Current	-1 1	·		10. Name and Address of New Registere	d Agent		,
			81	Name				
GRIFFITH, WILLIAM 3086 N. APPALOOSA PT			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	<u> </u>		
	STAL RIVER FL 32629		83					
			84	City	F	85 Zip (Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was autho ons of, Section 607.0505, Florida	orized by Statute:	r the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered	
	Signature, typed or printed name of registered agent		gistered Age	ent signature required	ADDITIONS/CHANGES TO OFFICERS	AND OIRECTO	DC IN 12	e e
12.		071100111101111111111111111111111111111			ADDITIONS/CHANGES TO OFFICERS	Change	Addition	7
TITLE	PD	☐ DELETE	1.1 TITLE			[] Grango		5
NAME.	GRIFFITH, WILLIAM		1.2 NAME	ļ				1 6
STREET ADDRESS	5279 W. PINE RIDGE BLVD			T ADDRESS			ì	1 2
CITY-ST-ZIP	BEVERLY HILLS FL	DELETE	1,4 CITY-	ST-ZIP		[7] Change	Addition	5
TITLE	D	☐ DELEIE	2.1 TITLE					
NAME	GRIFFITH, BETTY		2.2 NAME				ĺ	
STREET ADDRESS	5279 W PINE RIDGE BLVD			T ADDRESS			ļ	,
CITY-ST-ZIP	BEVERLY HILLS FL	☐ DELETE	2 4 CITY-	ST-ZIP		[] Change	Addition	
TITLE	□ DECE IE		3.1 TITLE			criange		1
NAME			3.2 NAME					
STREET ADDRESS				TADDRESS				ļ
CITY-ST-ZIP				ST-ZIP -		☐ Change	☐ Addition	1
TITLE		□ oerete	4.1 TITLE					
NAME	■ .		4. 2 NAME	1				
STREET ADDRESS	- }			T ADDRESS				
CITY-ST-ZIP				ST-ZiP		Change	Addition	
TITLE	1		5.1 TITLE 5.2 NAME			C) Similar		
NAME								
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-	91-ZIF		Change	Addition	
TITLE			1	l				į.

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CiTY-ST-ZiP

OFFICER OR DIRECTOR