

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -6 PM 4:50

DOCUMENT # K35996 (3)

1. Corporation Name

GRAYSON BUSINESS COMMUNICATIONS, INC.

Principal Place of Business

1390 S. DIXIE HWY. #2108  
CORAL GABLES FL 33146

Mailing Address

1390 S. DIXIE HWY. #2108  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/03/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0074012

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 has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 11421 S. DIXIE HWY

2a. Mailing Address

26 4921 PONCE DE LEON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIAMI FL

City & State

28 MIAMI FL

Zip

24 33156

Country

Zip

29 33146

Country

9. Name and Address of Current Registered Agent

GRAYSON, STEPHEN A.  
820 PARMA AVE  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

S.A. GRAYSON

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

4921 PONCE DE LEON

83

84 City

MIAMI

FL

85

33146

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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

*Stephen A. Grayson* S.A. GRAYSON

1-16-95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPST  
GRAYSON, STEPHEN A.  
820 PARMA AVE  
CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPST

☒ Change ☐ Addition

1.2 NAME

S.A. GRAYSON

1.3 STREET ADDRESS

4921 PONCE DE LEON

1.4 CITY - ST - ZIP

MIAMI FL 33146

☐ Change ☐ Addition

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

*Stephen A. Grayson* S.A. GRAYSON

1-16-95

3256618901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number