

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

APPROVED AND FILED

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CORPORATION ANNUAL REPORT

1994-1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
GRITZALIS ENTERPRISES INC

DOCUMENT #
K55968 (7)

Mailing Address
**11500 MELLOW COURT
ROYAL PALM BEACH FL 33411**

Principal Place of Business
**11500 MELLOW COURT
ROYAL PALM BEACH FL 33411**

800001480778
-05/09/95--01079--025
******200.00 ****200.00**
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/27/1988** 3a. Date of Last Report: **06/25/1993**

4. FEI Number: **65-0027835** 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**

7. Nonprofit Exempt from \$138.75 Supplemental Fee:

8. This corporation has liability for intangible tax under S. 199.032: Yes No

9. Name and Address of Current Registered Agent
**GRITZALIS LISA R
11500 MELLOW COURT
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.07(2), and 607.15(2) or Sections 607.09(2) and 607.15(3), 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, Sections 607.09(2) or 607.09(3), Florida Statutes.

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| 1. NAME | P GRITZALIS, FOKO 11500 MELLOW CT. ROYAL PALM BEACH FL 33411 | 1. NAME | |
| 2. NAME | S GRITZALIS LISA 11500 MELLOW CT. ROYAL PALM BEACH FL 33411 | 2. NAME | |
| 3. NAME | | 3. NAME | |
| 4. NAME | | 4. NAME | |
| 5. NAME | | 5. NAME | |
| 6. NAME | | 6. NAME | |
| 7. NAME | | 7. NAME | |
| 8. NAME | | 8. NAME | |
| 9. NAME | | 9. NAME | |
| 10. NAME | | 10. NAME | |
| 11. NAME | | 11. NAME | |
| 12. NAME | | 12. NAME | |
| 13. NAME | | 13. NAME | |
| 14. NAME | | 14. NAME | |
| 15. NAME | | 15. NAME | |
| 16. NAME | | 16. NAME | |
| 17. NAME | | 17. NAME | |
| 18. NAME | | 18. NAME | |
| 19. NAME | | 19. NAME | |
| 20. NAME | | 20. NAME | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations, its officers, liability of such corporation as with Section 119.07(3)(b) in the event that the information supplied is changed except from public records. 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. I have fulfilled all obligations concerning the filing of this report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE *Lisa Ruth Gritzalis*
SIGNATURE AUTHORIZED ON PRINTED NAME OF SIGNING OFFICER/DIRECTOR
LISA RUTH GRITZALIS

4/20/95 407-793-1051