FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 22 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (1)GRIFFIN FORD, INC. Principal Place of Business Mailing Address 10 SCENIC HWY. SOUTH P O BOX 542207 MERRITT ISLAND FL 33843 MERRITT ISLAND FL 32952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 509 East NASA Blvd. 509 East NASA Blvd. Not Applicable 59-2991482 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Melbourne Melbourne, Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes or has paid the current year Intangible 32901 32901 30 Personal Property Tax due June 30. Yes □ Ño 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DEARDOFF, R. BRUCE 1850 E. MERRITT ISLAND CAUSEWAY Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 509 East NASA Boulevard 83 Melbourne 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change TITLE DEARDOFF, R. BRUCE 1,2 NAME NAME **CR2E034** 509 East NASA Blvd. 10 SCENIC HWY SOUTH 1.3 STREET ADDRESS STREET ADDRESS FROSTPROOF FL Melbourne, FL 32901 1.4 CITY-ST-7IP CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE CHENEY, E. RENEE 2.2 NAME NAME 10 SCENIC HWY SOUTH 1850 E. Merritt Island Csway. STREET ADDRESS 2.3 STREET ADDRESS FROSTPROOF FL Merritt Island, FL 32952 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ___ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST- ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 other accurate that a course of the corporation of the corporat

SIGNATURE:

JUBEL Deardoff

1-5-98

407 -956-0600