

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L61007 (5)
 1. Corporation Name
THE GRAND BAY CORPORATION



Principal Place of Business % CASSIE DANKO 4525 N.W. 37TH AVENUE MIAMI FL 33142	Mailing Address % CASSIE DANKO 4525 N.W. 37TH AVENUE MIAMI FL 33142-4229
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2. Principal Place of Business 21 4525 N.W. 37th Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 4525 N.W. 37th Avenue Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/29/1990	3a. Date of Last Report 08/08/1996
22 City & State 23 Miami, Florida Zip 24 33142		27 City & State 28 Miami, Florida Zip 29 33142		4. FEI Number 56-1693044	Applied For Not Applicable
25 Country U.S.		30 Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SHAHEEN, RICHARD 4525 NW 37TH AVENUE MIAMI FL 33142		10. Name and Address of New Registered Agent 81 Name LAWRENCE H. GLAUBER 82 Street Address (P.O. Box Number is Not Acceptable) 4525 N.W. 37th Avenue 83 84 City Miami FL 85 Zip Code 33142	
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11. Pursuant to the provisions of Sections 607.0512 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 in, Section 607.0505, Florida Statutes.

SIGNATURE  **Lawrence H. Glauber/Director** **04/17/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME GLAUBER, LARRY STREET ADDRESS 4525 N.W. 37TH AVENUE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ECO, ORO STREET ADDRESS 4525 N.W. 37TH AVENUE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME CARTMAN, GARY STREET ADDRESS 4525 NW 37TH AVE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:  **Lawrence H. Glauber** **04/17/97** **(305) 633-0623**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)