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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L68484

(9)

FRED GRIFFIN CONSTRUCTION, INC.

| FILED              |
|--------------------|
| Apr 25 1997 8:00am |
| Secretary of State |

|   |   |  |                                  |                                       |  |                                 | <b>1)4):</b>      |
|---|---|--|----------------------------------|---------------------------------------|--|---------------------------------|-------------------|
| Principal Place of Business   |   | Mailing Address  |                                  | <del></del> -                         |  | I DIANA DIBAH DIBAH DIBAH DIBAH | 11011 1001        |
| % FRED L. GRIFFIN<br>801 S.E. 6TH AVE., STE. 205<br>DELRAY BEACH FL 33483<br>US | RIFFIN % FRED L. GRIFFIN AVE., STE. 205 801 S.E. 6TH AVE., STE. 205 |  |                                  |                                       | Date Incorporated or Qualified   | 3a. Date of Last R              | Report            |
|   |   |  |                                  |                                       | 04/24/1990   | 04/29/1996                      |                   |
| 2. Principal Place of Busine  |   |  |                                  | 4. FEI Number                         |  |                                 |                   |
| 21 305 S.S  | WINTON  | INTON 26 SAME  |                                  |                                       | 61-0191522 Not Applicable  |                                 |                   |
| Suite, Apt. #, etc.   |   | Suite. Apt. #, etc.  |                                  |                                       | 5. Certificate of Status Desired S8.75 Additional Fee Required                     |                                 |                   |
| City & State  23 DEZRAY   | BUHITA  | City & State   |                                  | · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing Trust Fund Contribution                             | \$5.00<br>Added                 | May Be<br>to Fees |
| 24 33444 2  |   | Zip 29   | 30 Cour                          | try                                   |  | Yes No                          | . 199,032,        |
|   |   |  |                                  |                                       | 10. Name and Address of New Ro   | POINTELEG WOULD                 |                   |
| GRIFFIN, FRED I<br>400 SEASAGE #  |   |  | L.                               | Cork                                  | IPFIN, PREB  | ۷.                              |                   |
| #110  | 200   |  | ['                               | Street Add                            | tress (P.O. Box Number is Not Accepta  | DIO TO                          |                   |
| DELRAY BEACH  | FL 33483  |  | Ţ                                | 33                                    |  |                                 |                   |
|   |   |  | ļ                                | Cinggo                                | INTELL BEAL  | FL 85 70                        | S222<             |
| 11. Pursuant to the provision   | ns of Sections 607 0502   | and 60 1506, Florida St  | atutes, the ab                   | ove-named cor                         | rporation submits this statement for the   |                                 | ts registered     |
| office or registered age<br>agent. I am familiar with                           | of or both, in the State of<br>and accept the obligat               | LHouda Such change with the street of the st | as authorized<br>, Florida Statu | by the corpora<br>tes.                | rporation submits this statement for the ation's board of directors. I hereby acce | pt the appointment as           | registered        |
| SIGNATURE   |   |  |                                  | 4                                     | 411/1911   |                                 |                   |
| 12.   | proved harrie of registered agent<br>OFFICEDS AND                   |  | NOTE Hagistered                  | Agent signature requ                  | uired when reinstation) ADDITIONS/CHANGES TO OFFI                                  | DATE                            | S IN 12           |
| 1111.5  | OFFICERS AND  | DELETE   | 1.1 111                          | <u>г</u>                              | ADDITIONS/CHANGES TO OFFI  | Change                          | Addition 6        |
| HAME GRIFFIN, F   | RED L.  | _  | 1.2 NA                           | ac                                    |  | •                               |                   |
| STREET ADDRESS 400 SEAS   |   |  | 1.3 STR                          | EET ADDRESS                           | 1434 NE 12KT<br>BOYNTON BULL   | rep .                           | -                 |
| CHY-ST-7IP DELRAY B   | EACH FL   |  | 1.4 CIT                          | (-ST-ZIP                              | BOUNTON BCL  | 1 3343                          | <u>S</u>          |
| TIFLE   |   | DELETE   | 2.1 TiT)                         | E                                     |  | Change                          | Addition          |
| NAME  |   |  | 2.2 NA                           | AE                                    |  |                                 | ,                 |
| STREET ADORESS  |   |  | 2.3 STR                          | EET ADDRESS                           |  |                                 | l                 |
| CITY-ST-ZIF   |   |  |                                  | Y-ST-ZIP                              |  | T1 0                            |                   |
| TITLE   |   | ☐ DELETE   | 3.1 1171                         |                                       |  | [] Change                       | Addition          |
| NAME.   |   |  | 3.2 NAM                          | į į                                   |  |                                 | Ì                 |
| STREET ADDRESS  |   |  |                                  | EET ADDRESS                           |  |                                 |                   |
| CITY+S1-7IP   | ·, ,  | DELETE   | 3.4. CIT                         | Y-ST-ZIP                              |  | Change                          | Addition          |
| NAME  |   | ביין מכננונ  | 4.3 HIL<br>4.2 NA                | í                                     |  | First Culturality               | - Manifoli        |
| STREET ADDRESS  |   |  |                                  | EET ADDRESS                           |  |                                 | 1                 |
| CHY-ST ZIP  |   | •  | 4                                | 1-ST-ZIP                              |  |                                 |                   |
| TITLE   | · · · · · · · · · · · · · · · · · · ·                               | DELETE   | 5.1 Titt                         |                                       |  | ☐ Change                        | Addition          |
| NAME  |   |  | 5.2 NA                           |                                       |  |                                 |                   |
| STREET ADDRESS  |   |  | a d                              | EET ADDRESS                           |  |                                 |                   |
| City - St - ZiP   |   |  |                                  | (-ST-ZIP                              |  |                                 | }                 |
| TITLE   |   | ☐ DELETE   | 6.1 TIT                          | <del></del>                           | 1 10 10 10 10 10 10 10 10 10 10 10 10 10   | Change                          | Addition          |
| NAME  |   |  | 6.2 NA                           | HE                                    |  |                                 | }                 |
| STREET AUGRESS  |   |  | 63 STR                           | eet address                           |  |                                 |                   |
| CHY-St 7P   |   |  | 6.4 CIT                          | /-ST-ZIP                              |  |                                 |                   |
| 14 I do horoby cod for that   | the information supplied  | with this filing does not a  | ualify for the                   | xemption state                        | ed in Section 119.07(3)(i), Florida Statute  | es. I further certify that      | the               |

I do hereby certly that the information supplied with this filling does not qualify for the exemption stated in Section 119.07.3(i), Florida Statutes, Trunher certify that the information indicated on this annual report or supplier ental 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 deliver or true-feel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 triangued, or or attachment with an address.

| SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #