

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L68486 (4)**
1. Corporation Name
GRUDIN & GRUDIN FINANCIAL SERVICES INC.



Principal Place of Business: P.O. BOX 478, CAPE CORAL FL 33910
Mailing Address: P.O. BOX 478, CAPE CORAL FL 33910

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	820 SE 47th Street	26		04/24/1990	04/24/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0045913	
City & State		City & State		Applied For	
23 Cape Coral, Fl		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24	33904	25	Lee	[] \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution	
				[] \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
MITCHELL & VICKIE GRUDIN 4129 SW 28TH AVE. CAPE CORAL FL 33914				[] Yes [] No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MITCHELL & VICKIE GRUDIN 4129 SW 28TH AVE. CAPE CORAL FL 33914				81	Name		
					Mitchell Grudin		
				82	Street Address (P.O. Box Number is Not Acceptable)		
					820 SE 47th Street		
				83			
				84	City		85
					Cape Coral		FL
							33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: _____ DATE: _____
Signature required for principal and registered agent in this filing. (Circle) Signature required when amending.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRUDIN, MITCHELL		2. NAME		
STREET ADDRESS	P.O. BOX 478 N/A		3. STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		4. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			22. NAME		
STREET ADDRESS			23. STREET ADDRESS		
CITY-ST-ZIP			24. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY-ST-ZIP			44. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-ST-ZIP			54. CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-ST-ZIP			64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 04/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone #: 941-542-3737

CR2E034 (12/95)