

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Matthews
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # L80549 (3)

95 MAY -1 PM 10:13

GRAND INTERNATIONAL CORPORATION

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**NANCY A ROSSMAN
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819**

**NANCY A ROSSMAN
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819**

(Indicate with "X" in box)

2. Filing Agent's Name		2a. Mailing Address		3. Date for Corporation's Statement		3a. Date of Last Report	
21		26		06/13/1990		04/29/1994	
22		27		4. FEI Number		Applied For	
				59-3016902		Not Applicable	
23		28		5. Certificate of Status Desired		[] \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution		[] \$5.00 May Be Added to Fees	
				7. This corporation has liability for obligations under 5-1081107, Florida Statutes.		[X] Yes [] No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSSMAN, NANCY A
7829 GREENBRIAR PARKWAY
ORLANDO FL 32819**

81. Name	
82. Street Address (P.O. Box Number is best)	
83.	
84. City	FL 85. Zip Code

11. I, the undersigned, being a duly qualified and duly licensed individual, the undersigned hereby certifies that the person or persons named in the foregoing statement for the purpose of this report is a duly qualified and duly licensed individual, the undersigned hereby certifies that the person or persons named in the foregoing statement for the purpose of this report is a duly qualified and duly licensed individual, the undersigned hereby certifies that the person or persons named in the foregoing statement for the purpose of this report is a duly qualified and duly licensed individual.

12. I, the undersigned, being a duly qualified and duly licensed individual, the undersigned hereby certifies that the person or persons named in the foregoing statement for the purpose of this report is a duly qualified and duly licensed individual, the undersigned hereby certifies that the person or persons named in the foregoing statement for the purpose of this report is a duly qualified and duly licensed individual.

12. a. Name	ROSSMAN, NANCY A	13. a. Name	
12. b. Street Address	7829 GREENBRIAR PKWY	13. b. Street Address	
12. c. City	ORLANDO FL	13. c. City	
12. d. State	FL	13. d. State	
12. e. Zip Code		13. e. Zip Code	
12. f. Title		13. f. Title	
12. g. Signature		13. g. Signature	
12. h. Date		13. h. Date	
12. i. Filing Agent's Name		13. i. Filing Agent's Name	
12. j. Filing Agent's Address		13. j. Filing Agent's Address	
12. k. Filing Agent's City		13. k. Filing Agent's City	
12. l. Filing Agent's State		13. l. Filing Agent's State	
12. m. Filing Agent's Zip Code		13. m. Filing Agent's Zip Code	

14. I, the undersigned, hereby certify that the information contained in this report is true and correct, and that I am a duly qualified and duly licensed individual, the undersigned hereby certifies that the person or persons named in the foregoing statement for the purpose of this report is a duly qualified and duly licensed individual, the undersigned hereby certifies that the person or persons named in the foregoing statement for the purpose of this report is a duly qualified and duly licensed individual.

SIGNATURE:
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NANCY A. ROSSMAN, D

4/13/95

(407) 354-0055
0002182 CP