

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 14 1996 8:00 am
Secretary of State

DOCUMENT # M16061 (7)

1. Corporation Name
THE GRAHAM COMPANIES



Principal Place of Business: **6843 MAIN STREET MIAMI LAKES FL 33014**
Mailing Address: **6843 MAIN STREET MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified: **05/31/1985**
3a. Date of Last Report: **05/18/1995**
4. FEI Number: **65-0127392**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **RAWLS, ROBERT L 6843 MAIN ST. MIAMI LAKES FL 33014**
10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, WILLIAM, A.	1.2 NAME	William A. Graham
STREET ADDRESS	6843 MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYLLIE,STUART S.	2.2 NAME	Stuart S. Wyllie
STREET ADDRESS	6843 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAWLS, ROBERT L.	3.2 NAME	
STREET ADDRESS	6843 MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	3.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMS, GERALD E.	4.2 NAME	William E. Graham
STREET ADDRESS	6843 MAIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ,ELIZABETH G.	5.2 NAME	
STREET ADDRESS	6843 MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEATHERS, EDWIN E.	6.2 NAME	ST
STREET ADDRESS	6843 MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	6.4 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: Robert L Rawls **Robert L Rawls** 5/7/96 305-817-4051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)