

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

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**Apr 15 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 # 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 33014-2048
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3. Date Incorporated or Qualified 05/31/1985	3a. Date of Last Report 05/14/1996
4. FEI Number 65-0127392	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAM A. GRAHAM		1.2 NAME	
STREET ADDRESS 6843 MAIN ST.		1.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI LAKES FL		1.4 CITY- ST- ZIP	
TITLE COO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STUART S. WYLLIE		2.2 NAME	
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 PCEO	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAM E. GRAHAM		4.2 NAME	
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 ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FEATHERS, EDWIN E.		6.2 NAME	
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 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 if changed, or on an attachment with an address.

SIGNATURE: *Edwin E. Feathers* **EDWIN E. FEATHERS** 4/11/97 (305) 817-4056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)