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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M55284

GRIFFIN ROAD SALES, INC.

Principal Place of Business				Mailing Address				
4801 S. STATE RD. 7				4801 S. STATE RD. 7				
DAVIE FL 33314			DA	DAVIE FL 33314				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualifed 07/09/1987
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21				26				<b>59-2826426</b> Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22				27				5. Certificate of Status Desired Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23				28				Trust Fund Contribution Added to Fees
Zip Country				Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.
4 25				29 30				Personal Property Tax. LJ Yes LINO  10. Name and Address of New Registered Agent
	9. Name a	and Address of C	urrent Regis	stered Agent		81	Name	10. Name and Address of New Registered Agent
FATO	ON, MARY J	in.						
4801 S. STATE RD. 7							Street A	ddress (P.O. Box Number is Not Acceptable)
DAVIE FL 33314								
07111	E , E 000 , ,					83	1	'
						84	City	FL 85 Zip Code
			7.0500 4.6	207 4500 Florido Statu	ton the o		named or	orporation submits this statement for the purpose of changing its registered
office or re	agictored age	nt or both in the	State of Flori	da. Such change was a	autnorized	עם נ	the coroor	ation's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar witt	h, and accept the	obligations of	, Section 607.0505, Flo	orida Stat	utes		}
SIGNATURE				W W	F. D. sistana	A	t alaantura raa	uired when revnstating) DATE
	Signature, typed o	r printed name of register	ed agent and title S AND DIRE		13.	Agen	t signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS OFFICERS AND			DELETE 1.1 TI			— Т	☐ Change ☐ Addition
NAME	EATON, MARY JO			1.2 N				
STREET ADDRESS	5100 CM 40 CT			•			T ADDRESS	
	DAVET TI			<u> i</u>			T-ZIP	
CITY-ST-ZIP	VP			DELETE 2.17				☐ Change ☐ Addition
NAME	EATON, DONALD			2.2 N				
STREET ADDRESS	7460 S.W.						ADDRESS	
CITY-ST-ZIP	DAVIE FL	12 01.		2.40			ST-ZIP	
TITLE	DAVIETE			☐ DELETE 3.1 T				☐ Change ☐ Addition
NAME					3.2 N			
STREET ADDRESS					3.3 \$	TREET	TADDRESS	
CITY-ST-ZIP					3.4. 0	ITY-S	ST-ZIP	·
TITLE				☐ DELETE	☐ DELETE 4.1 TI			☐ Change ☐ Addition
NAME					4, 21	AME		
STREET ADDRESS					4.3 S	TREE	T ADDRESS	
CITY-ST-ZIP					4.4 C	my-s	T-ZIP	
TITLE				☐ DELETE	ELETE 5.1 TITLE			☐ Change ☐ Addition
NAME					5.2 N	AME	ļ	·
STREET ADDRESS					5.3 S	TREE	T ADORESS	
CITY-ST-ZIP					5.4 C	ITY-S	T-ZIP	
TITLE				☐ DELETE	6.1 T	TLE		. Change Addition
					6.2 N	AME	1	·

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

6.3 STREET ADDRESS

14. I 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 of 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 alternment with an address, with all other like empowered.

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90157 014 \*\*\*150.00