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

DOCUMENT # **M57689** **(5)**

1. Corporation Name

G. R. S. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
902 NORTH "E" ST. LAKE WORTH FL 33460-2451 US	902 NORTH "E" ST. LAKE WORTH FL 33460-2451 US

2. Principal Place of Business	2a. Mailing Address
21 513 SHADY PINE WAY D-1	26 513 SHADY PINE WAY D-1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 WEST PALM BEACH, FL.	27 WEST PALM BEACH, FL
City & State	City & State
23	28
Zip 24 33415-8996	Country 25 USA
Zip 29 33415-8996	Country 30 USA

3. Date Incorporated or Qualified: 08/20/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2849482 ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

STARR, G. RAYMOND
902 NORTH "E" STREET
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name: STARR, G. RAYMOND
82 Street Address (P.O. Box Number is Not Acceptable): 513 SHADY PINE WAY D-1
83 WEST PALM BEACH,
84 City FL 85 Zip Code 33415-8996

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: G Ray — S Starr — 4/16/96
Signature, typed or printed name of Registered Agent and Title if Agent is a Corporation — NOTE: Registered Agent signature required for electronic filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	☐ DELETE	1.1 TITLE	P D T	☒ Change ☐ Addition
NAME	STARR, G. RAYMOND		1.2 NAME	STARR, G. RAYMOND	
STREET ADDRESS	902 NORTH "E" STREET		1.3 STREET ADDRESS	513 SHADY PINE WAY D-1	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33415-8996	
TITLE		☐ DELETE	2.1 TITLE	V P S D	☐ Change ☒ Addition
NAME			2.2 NAME	STARR, EMMA LOU	
STREET ADDRESS			2.3 STREET ADDRESS	513 SHADY PINE WAY D-1	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	WEST PALM BEACH, FL. 33415-8996	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: G Ray — S Starr — 4/16/96 — 407 968-3679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #