2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 26, 2004 08:00 AM Secretary of State DOCUMENT # P00000095306 GRL PROPERTIES, INC. Principal Place of Business Mailing Address 1523 SOUTHWEST 21ST AVENUE FORT LAUDERDALE, FL 33312 1523 SOUTHWEST 21ST AVENUE FORT LAUDERDALE, FL 33312 01122004 No Cha-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FCI Number Applied For 65-1047764 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required E. Name and Address of Current Registered Agent CHAPMAN, LAURIE A DO NOT WRITE 1523 SW 21ST AVE. FORT LAUDERDALE, FL 33312 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and little if applicable "(NOTE Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ENGEL, GARY R NAME STREET ADDRESS 1523 SOUTHWEST 21ST AVENUE U00000013114 01/26/04-80040-019 150.00 FORT LAUDERDALE, FL 33312 CITY - ST - ZIP THILE ENGEL, ROBERT A NARAF STREET ADDRESS 1523 SOUTHWEST 21ST AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE NAME CHAPMAN, LAURIE A 1523 SOUTHWEST 21ST AVENUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FORT LAUDERDALE, FL 33312 IN THIS SPACE NAME STREET ADDRESS CITY-ST-7(P THLE STREET ADDRESS CITY - ST - ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption staled in Settlich 119 07(3)(f). Florida Stalutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED