

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

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May 02 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27523**

(0)

1. Corporation Name

**GRIETZ INTERNATIONAL, INC.**

**MAIL**



Principal Place of Business	Mailing Address
13800 NW 4TH ST SUNRISE FL 33166 US	NO. 1 LEGGETT ROAD CARTHAGE MO 64836-9649

3. Date Incorporated or Qualified <b>12/28/1989</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0181554</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

<b>g. Name and Address of Current Registered Agent</b>  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST C JETT	1.2 NAME	
STREET ADDRESS	4702 JACKSON	1.3 STREET ADDRESS	
CITY-ST-ZIP	JOPLIN MO	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL A GLAUBER	2.2 NAME	
STREET ADDRESS	NO 1 LEGGETT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER, KENNETH W	3.2 NAME	
STREET ADDRESS	NO.1 LEGGETT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, M BURL	4.2 NAME	
STREET ADDRESS	13800 NW 4TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGDON, SUSAN S	5.2 NAME	
STREET ADDRESS	NO. 1 LEGGETT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT A JEFFRIES, JR.	6.2 NAME	
STREET ADDRESS	NO 1 LEGGETT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	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: *Kenneth W. Purser* **REQUIRED** Kenneth W. Purser 4/22/97 (417) 358-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)