FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 28 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000011644 (1)

1. Corporation Name
CINCO GRANDE, INC.

Principal Place of Business	Mailing Address
226 WEST ALFRED STREET TAVARES FL 32778	352 CROMPTON STREET CHARLOTTE NC 28273 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1992	3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-3158198	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MINKOFF, SANFORD A
226 WEST ALFRED STREET
TAVARES FL 32778

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	1.1 TITLE	PS	☒ Change ☐ Addition
NAME	BRUCH, DUANE H	1.2 NAME	BRUCH, DUANE H	
STREET ADDRESS	352 CROMPTON STREET	1.3 STREET ADDRESS	352 CROMPTON STREET	
CITY-ST-ZIP	CHARLOTTE NC	1.4 CITY-ST-ZIP	CHARLOTTE, N.C. 28273	
TITLE	VT	2.1 TITLE	VT	☒ Change ☐ Addition
NAME	GOLDBERG, MAXWELL	2.2 NAME	GOLDBERG, MAXWELL	
STREET ADDRESS	13783 TOURNAMENT DRIVE	2.3 STREET ADDRESS	13783 TOURNAMENT DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	MUNGENAST, DAVE	3.2 NAME	MUNGENAST, DAVE	
STREET ADDRESS	5939 SOUTH LINDBERGH BOULEVARD	3.3 STREET ADDRESS	5939 SOUTH LINDBERGH BL.	
CITY-ST-ZIP	ST. LUIS MO	3.4 CITY-ST-ZIP	ST. LOUIS, MO 63123	
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	VAUGHAN, ROGER	4.2 NAME	VAUGHAN, ROGER	
STREET ADDRESS	708 EAST JACKSON STREET	4.3 STREET ADDRESS	708 EAST JACKSON STREET	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	V	5.1 TITLE	V	☒ Change ☐ Addition
NAME	SCHWARTZ, SAM	5.2 NAME	SCHWARTZ, SAM	
STREET ADDRESS	75 COLUMBIA AVENUE	5.3 STREET ADDRESS	130 WOODMERE BLVD SOUTH	
CITY-ST-ZIP	CEDARHURST NY	5.4 CITY-ST-ZIP	WOODMERE, N.Y 11598-0989	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Duane H. Bruch President (DUANE H. BRUCH) 2/24/95 (704) 588-6119
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000017 FP