

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000011644 (1)

1. Corporation Name  
CINCO GRANDE, INC.

Principal Place of Business

226 WEST ALFRED STREET  
TAVARES FL 32778

Mailing Address

352 CROMPTON STREET  
CHARLOTTE NC 28273-6214  
US

3. Date Incorporated or Qualified 12/11/1992	3a. Date of Last Report 04/08/1996
4. FEI Number 59-3158198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINKOFF, SANFORD A  
226 WEST ALFRED STREET  
TAVARES FL 32778

81 Name  
John P. McKeever  
82 Street Address (P.O. Box Number is Not Acceptable)  
2100 S.E. 17th St.  
83 Suite 300  
84 City  
Ocala FL 85 Zip Code  
32671-4181

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 *John P. McKeever* John P. McKeever January 8, 1997  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input type="checkbox"/> DELETE
NAME	BRUCH, DUANE H	
STREET ADDRESS	352 CROMPTON STREET	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GOLDBERG, MAXWELL	
STREET ADDRESS	13783 TOURNAMENT DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MUNGENAST, DAVE	
STREET ADDRESS	5939 SOUTH LINDBERGH BOULEVARD	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VAUGHAN, ROGER	
STREET ADDRESS	708 EAST JACKSON STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, SAM	
STREET ADDRESS	130 WOODMERE BLVD., SOUTH	
CITY-ST-ZIP	WOODMERE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mungenast, Dave
3.3 STREET ADDRESS	5939 South Lindbergh Boulevard
3.4 CITY-ST-ZIP	St. Louis, Mo 63123-7039
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vaughan, Roger
4.3 STREET ADDRESS	5101 S. Nichols St.
4.4 CITY-ST-ZIP	Tampa, FL 33611
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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; changed, or on an annual report with an address.

SIGNATURE: *Duane H. Bruch* Duane H. Bruch January 8, 1997 (704) 588-5214  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)