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FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1992

4. FEI Number

59-3158198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MCKEEVER, JOHN P
2100 SE 17TH ST
SUITE 300
OCALA FL 32671

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PS ☐ DELETE

NAME BRUCH, DUANE H
STREET ADDRESS 352 CROMPTON STREET
CITY-ST-ZIP CHARLOTTE NC

1.2 TITLE VT ☐ DELETE

NAME GOLDBERG, MAXWELL
STREET ADDRESS 13783 TOURNAMENT DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL

1.3 TITLE V ☐ DELETE

NAME MUGENAST, DAVE
STREET ADDRESS 5939 SOUTH LINDBERGH BOULEVARD
CITY-ST-ZIP ST LOUIS MO

1.4 TITLE V ☐ DELETE

NAME VAUGHAN, ROGER
STREET ADDRESS 5101 S NICHOLS ST
CITY-ST-ZIP TAMPA FL

1.5 TITLE V ☐ DELETE

NAME SCHWARTZ, SAM
STREET ADDRESS 130 WOODMERE BLVD., SOUTH
CITY-ST-ZIP WOODMERE NY

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☒ Change ☐ Addition

NAME BRUCH, DUANE H
STREET ADDRESS 352 CROMPTON STREET
CITY-ST-ZIP CHARLOTTE, NC 28273

2.1 TITLE VT ☒ Change ☐ Addition

NAME GOLDBERG, MAXWELL
STREET ADDRESS 314-D HIRD DRIVE SOUTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

3.1 TITLE V ☒ Change ☐ Addition

NAME MUGENAST, DAVE
STREET ADDRESS 5939 SOUTH LINDBERGH
CITY-ST-ZIP ST. LOUIS, MO 63123

4.1 TITLE V ☒ Change ☐ Addition

NAME VAUGHAN, ROGER
STREET ADDRESS 5101 S. NICHOLS STREET
CITY-ST-ZIP TAMPA, FL 33611

5.1 TITLE V ☒ Change ☐ Addition

NAME SAM SCHWARTZ
STREET ADDRESS P.O. BOX 429 WA
CITY-ST-ZIP WOODMERE, NY 11598-0429

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. I 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: DUANE H BRUCH PRES 2/2/98 (704) 588-5214

CP2E034 (1097)