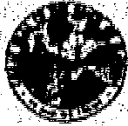


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000011560 (8)

1. Corporation Name

GRI OF WEST FLORIDA, INC.

Principal Place of Business

951 S. ANDREWS AVE.
POMPAHO BCH. FL 33069
US

Mailing Address

951 S. ANDREWS AVE.
POMPAHO BCH. FL 33069
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/08/1993** 3a. Date of Last Report **02/21/1994**

4. FEI Number **65-0398256** 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	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

**WRIGHT, DOFNALD F
145 N. MAGNOLIA AVE
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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

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	
TITLE	P
NAME	WALICK, GREG
STREET ADDRESS	951 S. ANDREWS AVE.
CITY - ST - ZIP	POMPAHO BCH. FL
TITLE	ST
NAME	FRIEDMAN, BRIAN
STREET ADDRESS	951 S. ANDREWS AVE.
CITY - ST - ZIP	POMPAHO BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	V.P. Finance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Herbert R. Bachelder
2.3 STREET ADDRESS	951 S. Andrews Avenue
2.4 CITY - ST - ZIP	Pompano Beach, FL 33069
3.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steven G. Powell
3.3 STREET ADDRESS	951 S. Andrews Avenue
3.4 CITY - ST - ZIP	Pompano Beach, FL 33069
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Walick

4/28/95

DATE

305/911-4449

PHONE NUMBER