

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

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**Apr 28 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 # P93000011560 (8)  
1. Corporation Name  
**GRI OF WEST FLORIDA, INC.**



Principal Place of Business Mailing Address  
951 S. ANDREWS AVE. POMPANO BCH. FL 33069 US  
951 S. ANDREWS AVE. POMPANO BCH. FL 33069 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993  
4. FEI Number: 65-0398256  
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 owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

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: CT Corporation System, 1200 S. Pine Island Road, 500002508435, Plantation, FL 33324

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 Sections 607.0502 and 607.1508, Florida Statutes.  
SIGNATURE: *Barbara A. Burke* SPECIAL ASSISTANT SECRETARY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: WALLICK, GREG	1.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 951 S. ANDREWS AVE.	CITY-ST-ZIP: POMPANO BCH. FL	1.2 NAME: STEVE POWELL	
		1.3 STREET ADDRESS: 951 S. ANDREWS AVENUE	
		1.4 CITY-ST-ZIP: POMPANO BEACH, FL. 33069	
TITLE: V	NAME: LITTLE, SHIRLEY D.	2.1 TITLE: SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 951 S ANDREWS AVE	CITY-ST-ZIP: POMPANO BCH. FL	2.2 NAME: SHIRLEY D. LITTLE	
		2.3 STREET ADDRESS: 951 S. ANDREWS AVENUE	
		2.4 CITY-ST-ZIP: POMPANO BEACH FL 33069	
TITLE: V	NAME: POWELL, STEVEN G	3.1 TITLE: V.P. OF FINANCE/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 951 S. ANDREWS AVENUE	CITY-ST-ZIP: POMPANO BEACH FL	3.2 NAME: DALE EBY	
		3.3 STREET ADDRESS: 951 S. ANDREWS AVENUE	
		3.4 CITY-ST-ZIP: POMPANO BEACH, FL 33069	
TITLE: VP	NAME: BROWN, MICHAEL	4.1 TITLE: V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 951 S. ANDREWS AVE.	CITY-ST-ZIP: POMPANO BEACH FL	4.2 NAME: ROBERT EUBOW	
		4.3 STREET ADDRESS: 951 S. ANDREWS AVENUE	
		4.4 CITY-ST-ZIP: POMPANO BEACH, FL. 33069	
TITLE: [ ] DELETE	NAME: [ ]	5.1 TITLE: V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	5.2 NAME: WILLIAM LESTER	
		5.3 STREET ADDRESS: 951 S. ANDREWS AVENUE	
		5.4 CITY-ST-ZIP: POMPANO BEACH, FL. 33069	
TITLE: [ ] DELETE	NAME: [ ]	6.1 TITLE: [ ]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: [ ]	CITY-ST-ZIP: [ ]	6.2 NAME: Greg Wallick	
		6.3 STREET ADDRESS: 951 S. Andrews Ave.	
		6.4 CITY-ST-ZIP: Pompano Beach, FL 33069	

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: Dale E Eby, Treasurer, Dale E Eby, 4/21/98, 954/412-3550

CR2E034 (10/97)