


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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90172 008 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000011560

1. Corporation Name
GRI OF WEST FLORIDA, INC.



Principal Place of Business 951 S. ANDREWS AVE. POMPANO BEACH FL 33069 US	Mailing Address 951 S. ANDREWS AVE. POMPANO BEACH FL 33069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5423 N. 59 th St.	26		02/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0398256	
City & State		City & State		Applied For	
23 Tampa, FL		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24	33610	25	USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	POWELL, STEVE			1.2 NAME	James Lucker		
STREET ADDRESS	951 S. ANDREWS AVE.			1.3 STREET ADDRESS	5423 N. 59 th St.		
CITY-ST-ZIP	POMPANO BEACH FL 33069			1.4 CITY-ST-ZIP	Tampa, FL 33610		
TITLE	S	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LITTLE, SHIRLEY D			2.2 NAME			
STREET ADDRESS	951 S. ANDREWS AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			2.4 CITY-ST-ZIP			
TITLE	VPFT	<input type="checkbox"/> DELETE		3.1 TITLE	T/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EBY, DALE			3.2 NAME			
STREET ADDRESS	951 S. ANDREWS AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			3.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ENBOW, ROBERT			4.2 NAME			
STREET ADDRESS	951 S. ANDREWS AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			4.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LESTER, WILLIAM			5.2 NAME			
STREET ADDRESS	951 S. ANDREWS AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WALLICK, GREGG			6.2 NAME			
STREET ADDRESS	951 S. ANDREWS AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33069			6.4 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, with all other like empowered.

SIGNATURE: *Dale Eby* **NOT REQUIRED** Date: 4/20/99 Daytime Phone #: 954/942-3550

CR2E034 (1/198)