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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000019511 (3)

GRAND PALM MANAGEMENT CO., INC.

Principal Piace of Business Mailing Address
3150 LINDFIELDS BLVD.

KISSIMMEE FL 34747 KISSIMMEE FL 34747-1622

## FILED Apr 25 1997 8:00am Secretary of State



3150 LINDFIELDS BLVD. KISSIMMEE FL 34747		3150 LINDFIELDS BLVD KISSIMMEE FL <b>3</b> 4747-10	3150 LINDFIELDS BLVD. Kissimmee fl 34747-1622						
						3. Date Incorporated or Qualified 3a. Date of Last Report 01/28/1993 05/21/1996			
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number			plied For
21		26	· · · · · · · · · · · · · · · · · · ·			59-3166437			t Applicable
Suite, Apt #, 6	etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Ζφ <b>24</b>	25 29 30			Country		8. This corporation has liability for intangible tax under s. 199.032, Fiorida Statutes  Yes No			
	9. Name and Address of Cu	irrent Registered Agent				10. Name and Address of New Re	gistered /	Agent	
LAWRE	ENCE, RICHARD			81	Name				
2941 PEMBRIDGE ST. KISSIMMEE FL 34747				82	\$2 Street Address (P.O. Box Number is Not Acceptable)				
(11001)	MEE IE VIII			83			· · · · · · · · · · · · · · · · · · ·	January 10-11-11-11-11-11-11-11-11-11-11-11-11-1	
				64	City		FL		Code
SIGNATURE						rporation submits this statement for the p ation's board of directors. I hereby accep		changing it ointment as	s registered registered
	nature, typod or puolod name of register			Age	nt signature requ	ulred when reinstating)	DATE		
12.	OFFICERS	S AND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC	EHS AND	Change	S IN 12
TOLE   P	AUMENIOE DIOUADO	טנננונ	1.1 30					Change	L_J Applition
ما	AWRENCE, RICHARD		1.2 N/						
	2941 PEMBRIDGE ST.		1.3 \$1	REET	ADDRESS				
	KISSIMMEE FL 34747		1.4 01		T-ZIP				
· · · · · · · · · · · · · · · · · · ·	31	DELETE	217	TLE	}			Change	Addition
	AWRENCE, HAYRIYE		2.2 N	ME					
	2941 PEMBRIDGE ST.		2.3 \$1	REET	ADDRESS	.:3	,		
City - St - Zi0	(ISSIMMEE FL 34747		2.40	1TY-5	IT-ZIP		4 <sub>0</sub> .		
TITLE		☐ DELETE	3.1 Ti					Change	Addition
NAME			3.2 N/	AME					
STREET ADDRESS			3.3 S1	FREET	ADDRESS				
CHY-ST-ZIP			3.4. C		1-ZIP			<del></del>	···
1111.6		DELETE	4.1 TI	TLE				Change	Addition Addition
NAME			4.2 N	AME					
STREET LADORESS			4.3 \$1	REET	address				
CITY-ST-ZIP	- allay 1721-172		4.4 CI	TY - S	T-ZIP				
THE		DELETE	5.1 Ti	TLE				Change	Addition
NAME			5.2 N/	AME					
STREET ADDRESS			5381	THEET	address				
CHTY-ST-ZIP			5.4 CI	TY-S	Y-21P				
T:TLE		DELETE	61 Ti	TŁE				Change	Addition
NAME			62 N	AME	1				
STREET ADORESS			6.3 \$1	TREET	ADDRESS				
CETV - \$1 - 719					T., 71P				

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), Fiorida 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: SOMATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OR DIRECT

4/1/97 (407) 931-2788

2E034 (9/96)