

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Carolee B. Northam
Secretary of State
TALLAHASSEE, FLORIDA 32301

AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000024110 (7)**

CHRIS GRACE, INC.

Principal Office Location: **321 SW 6TH ST. FT. LAUDERDALE FL 33315 US**
Mailing Address: **% LAWRENCE E. BLACKE 3400 NE 34TH ST. ROYAL PALM BEACH FL 33308 US**

(CHECK ONE IN THIS SPACE)

2. Filing Date of Report	2a. Mailing Address	3. (Date incorporated or organized)	3a. Date of Last Report
21	26	03/31/1993	08/01/1994
4. FET Number	Applied For		
65-0414764	Not Applicable		
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. The corporation has liability for intangible tax under S. 199.04, Florida Statutes	<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		
BLACKE, LAWRENCE E. 3400 NE 34TH ST. FT. LAUDERDALE FL 33308		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 199.04 and 199.05, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above location in Tallahassee, Florida. Such change was authorized by the corporation's board of directors, meeting and acting in accordance with the provisions of section 199.04, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																																																																																
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14. I, the undersigned, being a duly qualified and sworn notary public for the State of Florida, do hereby certify that the foregoing is a true and correct copy of the report as required by law for the State of Florida, and that the same is in accordance with the provisions of the laws of the State of Florida, and that the same is in accordance with the provisions of the laws of the State of Florida, and that the same is in accordance with the provisions of the laws of the State of Florida.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Tares Mohd.**
5/1/95