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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-\$T-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jul 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300035000 (7)

DEBRA ANN GROGIS, P.A.

Mailing Address Principal Place of Business 9313 SPANISH MOSS ROAD EAST 8313 SPANISH MOSS ROAD EAST LAKE WORTH FL 33467-2332 LAKE WORTH FL 33467 3. Date incorporated or Qualified 3a. Date of Last Report 05/10/1993 05/31/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0398971 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 30 Florida Statutes 25 29 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROGIS, DEBRA S 9313 SPANISH MOSS ROAD EAST Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33467 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 office of registered agent, or both, in the agent. I am amiliar with any accept the (902) and 607,1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered the of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered igations of, Section 607,0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS PSD DELETE Change Addition TITLE 1.1 IIIU GROGIS, DEBRA S NAME 1.2 NAME 9313 SPANISH MOSS ROAD EAST 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP 14 CITY-S1-ZIP DELETE Change Addition THILE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZIP 2 4 CRY-ST-ZIP DELETE Change Addition 3.1 DITCE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP ___ Addition DELETE Change TETLE 5.1 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

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 in an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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), Florida Statutes. I further certify that the