

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063604

1. Corporation Name

GRIP DEVELOPMENT, INC.

Principal Place of Business

2672 TIMBERCREEK CIRCLE
BOCA RATON FL 33431

Mailing Address

2672 TIMBERCREEK CIRCLE
BOCA RATON FL 33431

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90140 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

4. FEI Number

65-0448185

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 110 East Atlantic Ave.

2a. Mailing Address

26 110 East Atlantic Ave.

Suite, Apt. #, etc.

22 Suite 325

Suite, Apt. #, etc.

27 Suite 325

City & State

23 Delray Beach FL

City & State

28 Delray Beach FL

Zip

24 33444

Country

25 USA

Zip

29 33444

Country

30 USA

9. Name and Address of Current Registered Agent

PARDO, JEFFREY J
257 EAST RIVO ALTO DRIVE
SUITE 210
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

PARDO, JEFFREY J.

82 Street Address (P.O. Box Number is Not Acceptable)

257 East Rivo Alto Drive.

83

84 City

miami Beach

FL

85 Zip Code

33139

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

Jeffrey J. Pardo
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/14/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME RUBIN, GARY
STREET ADDRESS 2672 TIMBERCREEK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE D ☐ DELETE

NAME PARDO, IRA
STREET ADDRESS 2672 TIMBERCREEK CIRCLE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE S ☐ DELETE

NAME PARDO, JEFFREY
STREET ADDRESS 257 EAST RIVO ALTO DRIVE
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Jeffrey J. Pardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Date

Daytime Phone #

561-266-9955

CR2E034 (11/98)