FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067666 (6)

1. Corporation Name

GRIND MASTERS, INC.

Principal Place of Business	Mailing Address
PO BOX 3688 OCALA FL 34478	PO BOX 3688 OCALA FL 34478

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: ~~NOT APPLICABLE~~ 59-3242925 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 1347 NE 14th Street	26 P.O. Box 53
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 Ocala, Fl	City & State 28 Ocala, Fl 34478
Zip 24 34470 — Country 25 U.S.A	Zip 29 34478 — Country 30 U.S.A.

9. Name and Address of Current Registered Agent

SLACK, CYNTHIA C
1417 SW 17TH STREET
OCALA FL 36674

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1347 NE 14th Street
83
84 City Ocala FL 85 Zip Code 34470

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 [signature] Cynthia C. Slack 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	[ ] Change [ ] Addition
NAME	FAIR, ROBERT	1.2 NAME	No Longer a Director
STREET ADDRESS	1417 SW 17TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	P D [X] Change [ ] Addition
NAME	SLACK, MICHAEL	2.2 NAME	Slack, Michael
STREET ADDRESS	1417 S.W. 17TH STREET	2.3 STREET ADDRESS	1347 NE 14th Street
CITY-ST-ZIP	OCALA FL 34474	2.4 CITY-ST-ZIP	Ocala, Fl 34470
TITLE	D	3.1 TITLE	T S D [X] Change [ ] Addition
NAME	SLACK, CYNTHIA C	3.2 NAME	Slack, Cynthia C.
STREET ADDRESS	1417 S.W. 17TH STREET	3.3 STREET ADDRESS	1347 NE 14th Street
CITY-ST-ZIP	OCALA FL 34474	3.4 CITY-ST-ZIP	Ocala, Fl 34470
TITLE		4.1 TITLE	D [ ] Change [X] Addition
NAME		4.2 NAME	Williams, S.W.
STREET ADDRESS		4.3 STREET ADDRESS	1347 NE 14th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ocala, Fl 34470
TITLE		5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: [signature] Cynthia C. Slack T/S/D, 4/26/95 904-622-3260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487814 FP