Applied For

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000074928 1. Corporation Name

GRANT-STONE, INC.

Principal Place of Business							
8914 TAFT ST.							
PEMBROKE PINES FL 33024							
US							

Principal Place of Business

Mailing Address

2a. Mailing Address

26

8306 NW 37TH ST. **CORAL SPRINGS FL 33065**

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90148 021 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

10/28/1993

65-0445500

4. FEI Number

Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
		City & State			6. Election Campaign Financing	_ \$5.00 h	Aav Be	
·		28		Trust Fund Contribution	Added to			
Zip			Country		a. This corporation owes the curr	ent vear Intangible		
24	25 29 30		, i	1 * ' '			⊇NO	
g. Name and Address of Current Registered Agent			1	*****	10. Name and Address of New I	Registered Agent	,	
FILINGS, INC. 3732 NW 16TH STREET			81	Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
			Street Address (P.O. Box Number is Not Acceptable)					
FORT LAUDERDALE FL 33311			83			-=		
,			84 City 85 Zip Code					
,				City	FL 85 Zip Code			
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 Street, board or gigited pages of registered agent and title if appointment. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agent a OFFICERS AND			t signature required v	ADDITIONS/CHANGES TO OF		29 IN 12	
12.		DELETE	13.		ADDITIONS/CHANGES TO OF	Change	Addition	
	_ [1.2 NAME					
NAME	STONE, ALFRED R							
STREET ADDRESS	8306 NW 37TH STREET		1.3 STREET					
CITY+ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-S	r-zip		Change	Addition	
TITLE	D .	☐ DELETE	2.1 TTTLE				١٠٠١١١١١١١١	
NAME	STONE, SHEENA		2.2 NAME				1	
STREET ADDRESS	8306 NW 37TH STREET		2.3 STREET					
CITY-ST-ZIP	CORAL SPRINGS FL-33065~	//3	2.4 CITY-5	T-ZIP"	· · - · ·		Addition	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ MOULDON)	
NAME	•		3.2 NAME	1				
STREET ADDRESS	•		3.3 STREE	ADDRESS			ľ	
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS			.	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE .	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME	_]	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP	·		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME				ļ	
STREET ADDRESS			6.3 STREE	ADDRESS			ļ	
			6.4 CITY-S	T-ZIP				
CITY-ST-ZIP			V.4 OITT*S		440 07/2)/i) Eladda Etabadaa			

t nereby 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.