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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400005097 (8)

FILED Mar 19 1998 8:00am Secretary of State

GRAY-BUR ENTERPRISES, INC. Principal Place of Business Mailing Address PO BOX 8033 438 GRANADA NORTH PORT FL 34287 NORTH PORT FL 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0472138 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Žφ Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIEGELMAN, ESTHER 845 THE ESPLANADE 406 Street Address (P.O. Box Number is Not Acceptable) 82 9000 CALOOSA DC **B3 VENICE FL 34293** 84 City Zip Code 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, typed or printed name of repetiered agent and title if applicable (NOTE Registered Agent agenture required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE 1.1 TITLE Change \_\_ Addition TITLE GRAY, BARRY G NAME 1.2 NAME 438 GRANADA STREET ADDRESS 1.3 STREET ADDRESS NORTH PORT FL CITY-ST-7IP 14 CITY-ST-7IP DELETE Addition Change TITLE 21 TITLE EYE. EDWIN N NAME 2.2 NAME STREET ADDRESS 438 GRANDA 2.3 STREET ADDRESS NORTH PORT FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TOLE NAME DIEGELMAN, ESTHER 3.2 NAME 8931 E. RIYER Rd STREET ADDRESS 9000 CALOOSA DR 3.3 STREET ADDRESS YENICE, FL. 34293 VENICE FL 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-7P 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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 it changed, or on a statute with an address

SIGNATURE: Day

NAME OF JERNING OFFICER OR OFFICEROR

3-13-98

426 1489 Dayline Phone:

\* 0483768