

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000005859 (1)**  
1. Corporation Name  
**SOCIAL GRACES, INC.**



Principal Place of Business: **960 N. HALIFAX DR. ORMOND BEACH FL 32176-4169**  
Mailing Address: **960 N. HALIFAX DR. ORMOND BEACH FL 32176-4169**

3. Date Incorporated or Qualified: **01/25/1994**      3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-3213865**      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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 Zip Country

9. Name and Address of Current Registered Agent  
**PASPALAKIS, URANIA J  
960 N. HALIFAX DR.  
ORMOND BEACH FL 32176-4169**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: Registered Agent and Director; Title: Registered Agent and Director; Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	Vice President
NAME	PASPALAKIS, URANIA J	12 NAME	Urania Paspalakis
STREET ADDRESS	960 N. HALIFAX DR.	13 STREET ADDRESS	
CITY- ST- ZIP	ORMOND BEACH FL 32176-4169	14 CITY- ST- ZIP	
TITLE		21 TITLE	President
NAME		22 NAME	John Paspalakis
STREET ADDRESS		23 STREET ADDRESS	960 N. Halifax Dr.
CITY- ST- ZIP		24 CITY- ST- ZIP	Ormond Beach
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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(3)(k), 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: John Paspalakis      4-11-96      673-2700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Duplicating Phone

CR2E034 (12/95)