

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90180 035 ***150.00

DOCUMENT # P94000006261

1. Corporation Name

THE GRAND GROUP, INC.

Principal Place of Business

**1018 GRAND CT
HIGHLAND BEACH FL 33487
US**

Mailing Address

**1018 GRAND CT
HIGHLAND BEACH FL 33487
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/25/1994

4. FEI Number

65-0474711

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 1500 Paslay PL.

2a. Mailing Address

26 2240 SW 16th PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Mandalay FL

City & State

28 Boca Raton FL

Zip

24 33462

Country

25 USA

Zip

29 33486

Country

30 USA

9. Name and Address of Current Registered Agent

**COPROLITE CORPORATION
ONE S.E. 3RD AVE.
SUITE 1400-A
MIAMI FL 33131**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WEXELMAN, HOWARD**

STREET ADDRESS **1018 GRAND CT**

CITY-ST-ZIP **HIGHLAND BEACH FL**

TITLE **V** ☐ DELETE

NAME **WEXELMAN, STUART**

STREET ADDRESS **1018 GRAND CT**

CITY-ST-ZIP **HIGHLAND 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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PRESIDENT
WEXELMAN, HOWARD
1500 PASLAY PL.
MANDALAY, FL 33462**

**V.P.
WEXELMAN, STUART
1500 PASLAY PL.
MANDALAY, FL 33462**

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

STUART WEXELMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-99 864-547-7787

CR2E034 (11/98)