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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000007507 (4)

1. Corporation Name
GRIFFING APARTMENTS, INC.



Principal Place of Business

12865 WEST DIXIE HIGHWAY
2ND FLOOR
NORTH MIAMI FL 33161

Mailing Address

12865 WEST DIXIE HIGHWAY
2ND FLOOR
NORTH MIAMI FL 33161-4807

3. Date Incorporated or Qualified
01/31/1994

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

65-0463176

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

9. Name and Address of Current Registered Agent

WOLLAND, FRANK
11601 BISCAYNE BLVD.
SUITE 301
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

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

12865 WEST DIXIE HIGHWAY

83 2nd Floor

84 City NORTH MIAMI

FL

85 Zip Code 33161

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, type, and print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME HUGHES, CHARLES

STREET ADDRESS 11601 BISCAYNE BLVD. #301

CITY - ST - ZIP MIAMI FL 33181

1.2 TITLE ☐ DELETE

NAME STD

STREET ADDRESS 11601 BISCAYNE BLVD. #301

CITY - ST - ZIP MIAMI FL 33181

1.3 TITLE ☐ DELETE

NAME WOLLAND, FRANK

STREET ADDRESS 11601 BISCAYNE BLVD. #301

CITY - ST - ZIP MIAMI FL 33181

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

12865 WEST DIXIE HIGHWAY, 2nd Floor
NORTH MIAMI, FL 33161

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

12865 WEST DIXIE HIGHWAY, 2nd Floor
NORTH MIAMI, FL 33161

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

Date

Daytime Phone

CR2E034 (9/96)