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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
4. FEI Number 65-0463176	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
85. Zip Code	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, CHARLES	
STREET ADDRESS	11601 BISCAYNE BLVD. #301	
CITY - ST - ZIP	MIAMI FL 33181	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WOLLAND, FRANK	
STREET ADDRESS	11601 BISCAYNE BLVD. #301	
CITY - ST - ZIP	MIAMI FL 33181	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12865 WEST DIXIE HIGHWAY, 2nd FLOOR
1.4 CITY - ST - ZIP	NORTH MIAMI, FL 33161
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12865 WEST DIXIE HIGHWAY, 2nd FLOOR
2.4 CITY - ST - ZIP	NORTH MIAMI, FL 33161

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: _____ DATE: **2/27/97**

CR2E034 (9/96)