

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000016661 (8)**

1. Corporation Name

JOE GRANITZ & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**31177 US 19 N
UNIT 108
PALM HARBOR FL 34684**

**31177 US 19 N
UNIT 108
PALM HARBOR FL 34684**

3. Date Incorporated or Qualified

02/19/1994

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

21 **1620 Lago Vista Blvd.**

Suite, Apt. #, etc.

22

City & State

23 **Palm Harbor, Florida**

Zip

24 **34685**

Country

25 **U.S.A.**

2a. Mailing Address

26 **1620 Lago Vista Blvd.**

Suite, Apt. #, etc.

27

City & State

28 **Palm Harbor, Florida**

Zip

29 **34685**

Country

30 **U.S.A.**

4. FEI Number

59-3226802

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

10. Name and Address of New Registered Agent

**GRANITZ, JOSEPH C
31177 US 19 N
UNIT 108
PALM HARBOR FL 34684**

81 Name

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

1620 Lago Vista Blvd.

83

84 City

Palm Harbor,

FL

85 Zip Code

34685

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 of person or persons designated agent, if there is applicable

Signature of person or persons designated agent, if there is applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD
GRANITZ, JOSEPH**
STREET ADDRESS **31177 US 19 N UNIT 108**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

33. TITLE ☐ Change ☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-ST-ZIP

37. TITLE ☐ Change ☐ Addition

38. NAME

39. STREET ADDRESS

40. 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)(b), 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 it 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

President

05/04/96

(813) 789-9506

CR2E034 (12/95)