SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000028288 (6)

1. Corporation Name

GROMM CORP.

Principal Place of Business
~~18767 CAPE SABLE DRIVE~~
~~BOCA RATON FL 33490~~

Mailing Address
~~18767 CAPE SABLE DRIVE~~
~~BOCA RATON FL 33490~~

2. Principal Place of Business
21 6265 West Sample Rd.
Suite Apt #, etc
22 141
City & State
23 CORAL Springs, Fl
Zip
24 33067
Country
25 USA

2a. Mailing Address
26 6265 West SAmple Rd.
Suite Apt #, etc
27 141
City & State
28 CORAL Springs, Fl.
Zip
29 33067
Country
30 USA

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0566668 — 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
~~HACKNEY, ROBERT C~~
~~11891 U.S. HWY. ONE~~
~~NORTH PALM BEACH FL 33408~~
Mildred Orkin
6265 W. Sample Road #141
Coral Springs, Fl. 33067

10. Name and Address of New Registered Agent
81 Name: Mildred ORKIN
82 Street Address (P.O. Box Number is Not Acceptable): 6265 West Sample Rd.
83 SUITE 141
84 City: CORAL Springs FL
85 Zip Code: 33067

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 Mildred Orkin Pres. 8/19/96
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	~~DP~~	☐ DELETE
NAME	~~ORKIN, ROBERT B~~	
STREET ADDRESS	~~18767 CAPE SABLE DRIVE~~	
CITY-ST-ZIP	~~BOCA RATON FL~~	
TITLE	~~S~~	☐ DELETE
NAME	~~HACKNEY, ROBERT C~~	
STREET ADDRESS	~~4521 PGA BLVD., SUITE 264~~	
CITY-ST-ZIP	~~PALM BEACH GARDENS 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	D/P/S	☑ Change ☐ Addition
1 2 NAME	Mildred OrKIN	
1 3 STREET ADDRESS	6265 West SAMPLE Rd. SUITE 141	
1 4 CITY-ST-ZIP	CORAL Springs FL. 33067	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

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.

(407) 777-9158

SIGNATURE: Mildred Orkin Mildred OrKIN AugusT 19, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #