

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000031264 (2)**

1. Corporation Name
GRAMTRUST HOLDINGS U.S., INC.

Principal Place of Business

**877 EXECUTIVE CENTER DR W
GLADES BLDG SUITE 303
ST PETERSBURG FL 33702**

Mailing Address

**877 EXECUTIVE CENTER DR W
GLADES BLDG SUITE 303
ST PETERSBURG FL 33702-2460**

3. Date Incorporated or Qualified **04/22/1994** 3a. Date of Last Report **07/08/1996**

2. Principal Place of Business

21 **424 Central Avenue**

Suite, Apt. #, etc.

22 **Suite 1000**

City & State

23 **St. Petersburg, FL**

Zip

Country

24 **33701**

25

Pinellas

2a. Mailing Address

26 **424 Central Avenue**

Suite, Apt. #, etc.

27 **Suite 1000**

City & State

28 **St. Petersburg, FL**

Zip

Country

29 **33701**

30

Pinellas

4. FEI Number

59-3240268

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

**BERNHHEIM, IRVING B
424 CENTRAL AVENUE, SUITE 1000
~~GLADES BLDG SUITE 303~~
ST PETERSBURG FL 33702**

33701

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DA <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGARA, ERNEST C	1.2 NAME	
STREET ADDRESS	877 EXECUTIVE CENTER DR W GLADES BLDG #303	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33702	1.4 CITY - ST - ZIP	
TITLE	DVST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESPAN, PAUL E	2.2 NAME	
STREET ADDRESS	675 RIVERBEND DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	KITCHENER ON	2.4 CITY - ST - ZIP	
TITLE	DA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, MOKAY	3.2 NAME	
STREET ADDRESS	6294 BAHIA DEL MAR 113 N	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHHEIM, IRVING B	4.2 NAME	
STREET ADDRESS	424 CENTRAL AVENUE SUITE 1000	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, JILL F	5.2 NAME	
STREET ADDRESS	P.O. BOX 22408	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Irving B Bernheim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**IRVING
BERNHHEIM** 1/28/97 813 821 6278
Date Daytime Phone #

CP2E034 (9/96)