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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name GRACLARK, INC. P94000048478 (9)

FILED
Apr 24 1998 8:00am
Secretary of State



				I	PHO 0 (8 (1) 0 (4 (1) 0 (8 (1) 18 (1) 18 (1)
Principal Plac		Mailing Address			
7780 W 20TH	1 AVE	7760 W 20TH AVE			
SUITE 1 HIALEAH FL 33016		SUITE 1 HIALEAH FL 33016		DO NOT WRITE IN THIS SPACE	
		etter (MANETS) (E. M. MENNY FOR		3. Date Incorporated or Qualified	
				06/29/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0530254	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zψ	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
WEIL, MURRAY B JR			81 Name		
	66-79TH ST CAUSEWAY		62 Street Ad	ddress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
SUITE 608			00		
MI	AMI BEACH FL 33141		63		
			84 City	-	85 Zip Code
44.5		1005 1600 E			
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					
40	Signature, typed or printed name of registered age	on and the if applicable (NOTE: D DIRECTORS	Registered Agent signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	DPST OF FICE NO AND	DELETE	1.5 TOTALE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	WATCHORN, GARNETT T	_ venere	1.2 NAME		
STREET ADDRESS	7760 W 20TH AVE SUITE 1		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		1.4 CITY-ST-ZIP		<u> </u>
TITLE	DVAS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEINTRAUB, SAMUEL	_	2.2 NAME		
STREET ADDRESS	7760 W 20TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CITY - ST - ZIP		
TITLE		☐ DELE te	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	_		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY-S1-ZIP		
TITLE	•	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14 I hereby c	w.bailforne.complete adt tedt utling	ith this filing dose not qualify for	the evention etated	in Section 119 07/3\/i) Florida Statutee I further	cortify that the information

4. I 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 supplientental 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 of 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 a) attachment with an address.

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