

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

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AND  
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**95 APR 14 PM 2: 28**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000075594 (9)**

**1. Corporation Name  
GRAY DIVES, INC.**

**Principal Place of Business Mailing Address  
2341 NW 109TH AVE 2341 NW 109TH AVE  
SUNRISE FL 33322 SUNRISE FL 33322**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 3a. Date of Last Report**

**10/10/1994**

**2. Principal Place of Business 2a. Mailing Address**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**22 City & State 27 City & State**

**23 Zip Country 28 Zip Country**

**24 25 29 30**

**4. FEI Number Applied For  
165-0533249 Not Applicable**

**5. Certificate of Status Desired \$8.75 Additional  
Fee Required**

**6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees**

**7. This corporation has liability for intangible tax under S. 190.032,  
Florida Statutes Yes No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GRAY, ALEXIS  
2341 NW 109TH AVE  
SUNRISE FL 33322**

**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** *Alexis Gray*

(NOTE: Registered Agent signature required when reinstating)

**4/4/95**  
DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE DP  
NAME GRAY, SIMON  
STREET ADDRESS 2341 NW 109TH AVE  
CITY - ST - ZIP SUNRISE FL 33322**

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP**  Change  Addition

**TITLE DV  
NAME GRAY, ALEXIS  
STREET ADDRESS 2341 NW 109TH AVE  
CITY - ST - ZIP SUNRISE FL 33322**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP**  Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP**  Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**  Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**  Change  Addition

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP**  Change  Addition

**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 110.07(3)(4), 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:** *Sandra B. Northam*  
(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR)

**4/4/95**  
(DATE)