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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 2341 NW 109TH AVE SUNRISE FL 33322 Mailing Address 2341 NW 109TH AVE SUNRISE FL 33322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/10/1994 3a. Date of Last Report

2. Principal Place of Business 21 2a. Mailing Address 26

4. FEI Number 65-0533249 Applied For Not Applicable

Suite, Apt. #, etc. 22 27

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

City & State 23 28

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

Zip Country 24 25 29 30

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 [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE 4/4/95

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: [Signature] (Name and Typed or Printed Name of Signing Officer or Director)

DATE 4/4/95

(Signature) (Name)