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

Mailing Address
P O BOX 2597

SARASOTA FL 34230-2597

2a. Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

1490 FIRST STREET

SARASOTA FL 34236



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000079338 (7)

GRAND CENTRAL STATION, INC.

65-0556575 Not Applicable 26 Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zipi 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Yes No Florida Statutes 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RITZ, ERNEST P 1490 FIRST STREET Street Address (P.O. Box Number is Not Acceptable) 82 SARASOTA FL 34236 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature. Type of or promod name of registered agent and title if approcable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Addition Change 1.1 TITLE THEF RITZ, ERNEST P 1.2 NAME NAME 1490 FIRST STREET 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY - ST - 74P 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THUE RITZ, LORETTA 2.2 NAME NAME 1490 1ST ST 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 2. 4 CITY-\$1-ZIP City - St - ZiP Change DELETE Addition 3.1 TITLE THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - 7IP DELETE Change Addition 4.1 TITLE TILLE 4. 2 NAME NAM: 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ALIDRESS 5.4 CITY - ST - ZIP City-St-ZiP Change ☐ Addition DELETE 6.1 TITLE THLE 62 NAME NAME STREET ADORESS 63 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-7(f) 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual 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 corposition or the receiver or trustify empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name Lam an officer or director of the corp appears in Block 12 or Block 13 if cl

FILED Feb 27 1997 8:00am Secretary of State

3a. Date of Last Report

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Applied For

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02/19/1996

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3. Date Incorporated or Qualified

10/27/1994

4. FEI Number