

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000079701 (6)

1. Corporation Name

GRACE STONE, CORP.

Principal Place of Business

Mailing Address

2594 ALI BABA AVE.
OPA LOCKEA FL 33054

2594 ALI BABA AVE.
OPA LOCKEA FL 33054



Incorrect, should be 65.

| | | | |
|--------------------------------|---------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 10/31/1994 | 03/20/1995 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FFI Number | Applied For |
| 22 | 27 | 85-0531650 65-0531650 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | | |
| Zip | Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | 29 | | |
| Country | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITAKER, DONNA
2594 ALI BABA AVENUE
OPA LOCKA FL 33054

| |
|--|
| 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: Is printed Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|-----------------------|
| TITLE | PSTD | 1.1 TITLE | VP-TOM TAPANINEN |
| NAME | WHITAKER, DONNA | 1.2 NAME | |
| STREET ADDRESS | 2594 ALI BABA AVE. | 1.3 STREET ADDRESS | 765 N.W. 126th Street |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | 1.4 CITY-ST-ZIP | North Miami, FL 33168 |
| TITLE | VP/D/AS | 2.1 TITLE | |
| NAME | WHITAKER, JAMES | 2.2 NAME | |
| STREET ADDRESS | 2594 ALI BABA AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OPA LOCKA FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.6.96 (305) 498-3380

DATE

Daytime Phone

CR2E034 (3/96)