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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088370

1. Corporation Name

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90032 027 ***150.00

GRANAU	A 5.A. CO.													
Principal Place	of Business	Mailing Address					(. 18181 (91 9 8	11681 1111		
3300 CORPORATE AVE., SUITE 116 3300 CORPORATE AVE., SU						1								
FORT LAUDERDALE FL 33331 FORT LAUDERDALE FL 33331							DO NOT WRITE IN THIS SPACE							
							te Incorpora	ated or Qu	ualifed					
						01	/01/1995	5						
2. Principal Place of Business 2a. Mailing Address							I Number			J		Appl	ied For	
21 26						65	-054612	7				Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, e						T	rtifcate of S		irod		•		ditional	
22	27				5. Ce	ruicate of 3	italus Des		<u>ب</u>	Fee	e Req	uired		
City & State	9	City & State	City & State			6. Ele	ection Camp	aign Fina	incing	Π.			lay Be	
23		28				1	ist Fund Co					led to	Fees	
Zip Country Zip			Countr	У		1	is corporation		he curre	nt year In		,	ا ۱	
24	25	29 30	L,				rsonal Prop		. N Fb.		Yes		□No	
	9. Name and Address of Current	Registered Agent	8.	4 1		10. Na	me and Ad	agress of	New Ke	gistered	Agent			
1.540	NON HADDY E		°	1 145	ame									
LENNON, HARRY E 3300 CORPORATE AVE., SUITE 116			8	2 St	reet Addre	ss (P.O.	Box Numb	er is Not	Acceptat	ole) ,	_			
FORT LAUDERDALE FL 33331														
FUR	L PADDEUDÝTE EF 22221		8:	3										
			8	4 Ci	ty		· · · · · · · · · · · · · · · · · · ·			FI	85	Zip Co	ode	
44 Dimensions	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the abo	ve-na	med corpo	ration su	bmits this s	statement	for the p	numose o	f changin	g its re	egistered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was autho	orizea o	v the	corporation	n's board	of directors	s. I hereb	y accept	the appo	ointment a	ıs regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	jistered Ag	ent sign	ature required	when reinst	ating)		<u> </u>	DATE	. 			
12.	OFFICERS AND		13.			ADD	DITIONS/CH	IANGES	TO OFF	ICERS A	ND DIRE	CTOR		
TITLE	PT	☐ DELETE	1.1 TITLE								Cha	nge	Addition	
NAME	LENNON, HARRY E		1.2 NAME	<u> </u>										
STREET ADDRESS	s 400 NW 127TH AVE, #13		1.3 STREET ADDRESS											
CITY-ST-ZIP	PLANTATION FL 33325		1.4 CITY-ST-ZIP											
TITLE	VP □ DELETE 2.1		2.1 TTLE								☐ Cha	inge	☐ Addition	
NAME	HOMAN, PETER C 221		2.2 NAME										ĺ	
STREET ADDRESS	16840 98TH WAY N 23		2.3 STREET ADDRESS										Ì	
C/TY-ST-ZIP			2.4 CITY-ST-ZIP						<u>···</u>					
TITLE			3.1 TITLE			SEC	RETAR	4, ~	LIAI	140	X Cha	nge	Addition	
NAME	-Benavente, Benjamin G	· ·	3.2 NAME	Ē	3	2-VM	E F. NW	12.2	アルマ	U 12	# 13		1	
STREET ADDRESS			3.3 STRE	ET ADD	RESS 2	100	11 N	141	``	L 3	332	_		
CITY-ST-ZIP	-FORT-LAUDERDALE-FL-33308		3.4. CITY		• 13	HLA	J AT C	(0)	, 	<u> </u>			- Addition	
TITLE		☐ DELETE	4.1 TITLE					•	-		☐ Cha	ıı ıge	☐ Addition	
NAME	· , ,		4. 2 NAM										ļ	
STREET ADDRESS	•		4.3 STRE	ET ADE	RESS					•				
CITY-ST-ZIP			4.4 CITY-										☐ Addition 5	
TITLE		☐ DELETE	5.1 TITLE		1					• •	☐ Cha	ıı iğe	☐ Addition (
NAME			5.2 NAME					-		•			ĺ	
STREET ADDRESS		"	5.3 STRE		- 1									
CITY-ST-ZIP			5.4 CITY		<u> </u>						Cha	nge	☐ Addition	
TITLE		☐ DELETE	6.1 TITLE								□ спа	ពេដូម	Accumon	
NAME		,	6.2 NAME		ancee									
	1		n.3 51RE	rr i Ali/Li	ricaa i								1	

14. 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 supplemental apridal 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP1. F.

INE REQUIRED LENNON

954-389-4888