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

CORPORATION ANNUAL REPORT

1997



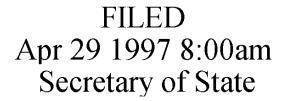
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400093446 (0)

GRASS EATERS, INC.





21 26 65-0552008 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 22 27 Fee City & State City & State 6. Election Campaign Financing \$5.0	Applied For Not Applicable 5 Additional Required 10 May Be d to Fees
BONITA SPRINGS FL 34135 BONITA SPRINGS FL 34135 3. Date Incorporated or Qualified 12/02/1996 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 4. FEI Number 65-0552008 5. Certificate of Status Desired Fee City & State City & State City & State City & State 28 Country 29 Country 21 Country 22 23 Country 24 25 29 30 Country AMERILAWYER BONITA SPRINGS FL 34135-4311 3. Date Incorporated or Qualified 12/02/1996 12/02/1996 12/02/1996 5. Certificate of Status Desired Fee 6. Election Campaign Financing 55.0 Trust Fund Contribution	Applied For Not Applicable 5 Additional Required 10 May Be d to Fees
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Principal Place of Business 2d. Mailing Address 4. FEI Number 65-0552008 5. Certificate of Status Desired Fee City & State Country Zip Country Zip Country Zip Country Adde For Country S. This corporation has liability for intangible tax under Forlida Statutes Principal Place of Business 4. FEI Number 6. Election Campaign Financing Trust Fund Contribution Adde Adde Address of Country S. This corporation has liability for intangible tax under Forlida Statutes Q. Name and Address of Current Registered Agent AMERILAWYER 81 Name	Applied For Not Applicable 5 Additional Required 10 May Be d to Fees
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0552008 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Fee 7. City & State 7. City & State 7. Country 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Name	Applied For Not Applicable Additional Required May Be d to Fees
26 Suite, Apt. #, etc Suite, Apt. #, etc 27 City & State City & State 28 City & State 29 Country 29 Country 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Adde Trust Fund Contribution Adde Florida Statutes Florida Statutes 9. Name and Address of Current Registered Agent AMERILAWYER 81 Name	Not Applicable 5 Additional Required 10 May Be ad to Fees
Suite, Apt. #, etc 22 City & State City & State City & State City & State Country Zip Country 25 29 30 Country 9, Name and Address of Current Registered Agent AMERILAWYER 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Adde Florida Statutes 10. Name and Address of New Registered Agent Name	Additional Required May Be to Fees
22 27 5. Certificate of Status Desired Fee	Required May Be d to Fees
City & State City & State 28 City & State 28 Country Solution Solution Solution Solution Solution Solution Solution Adde Florida Statutes Florida Statutes Florida Statutes Florida Statutes No Solution No Solution Adde Ad	d to Fees
28 Trust Fund Contribution Adde Zip Country Zip Country 8. This corporation has fiability for intangible tax under 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent AMERILAWYER 81 Name	d to Fees
Zip Country 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent AMERILAWYER 8. This corporation has fiability for intangible tax under Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name	r s. 199.032,
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER 81 Name	
AMERILAWYER 81 Name	
A A A A B APPARATE	
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CORAL GABLES FL 33134	
63	******
84 City 85 Zi	ip Code
FL 1	
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE	as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TRLE P DELETE 1.1 TITLE Chang	e Addition
NAME OLSEN, RAYMOND L 1.2 NAME	
STREET ADDRESS 27286 HIGH SEAS LANE 1.3 STREET ADDRESS	
CHY-ST-ZIP BONITA SPRINGS FL 33923 1.4 CHY-ST-ZIP	a Addition
TITLE DELETE 2.1 TITLE Chang	e [] Addition
NAME 2.2 NAME 2.3 STREET ADDRESS 2.3 STREET ADDRESS	
\$18E1 ADDRESS 2.3 \$18EE1 ADDRESS CITY-\$1-7IP 2.4 \$CITY-\$1-7IP	
TITLE DELETE 3.1 TITLE Chang	e
NAME 32 NAME	
STHEET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP 34. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Chang	e Addition
NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-7P	e Addition
NAME 52 NAME	roomon
STREET ADDRESS 5.3 STREET ADDRESS	
CHY-S1-7IP 5.4 CHY-ST-7IP	
TITLE DELETE 6.1 TITLE Chang	e Addition
NAME 62 NAME	
STREEL ADDRESS 6.3 STREET ADDRESS 7	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4 Life by College and for the latter of the college and the co	

or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and accurate and that my signature shall have the same legal effect as if made under oath; that ed to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this and arm an officer or director of the

SIGNATURE