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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000001084 (9)

## **FILED** Feb 13 1998 8:00am Secretary of State

GREY (	OAKS, IN	C.								}					
Principal Place	e of Busines	is		M	ailing Address						184016030 518 18187 81111 \$9411 \$8511 88114 8911		// <b>6</b> // <b>10</b> //		1 <b>1</b> (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
1290 GULF BI CLEARWATER	290 GULF BLVD UNIT CLEARWATER FL 34630	GULF BLVD UNIT 1508 RWATER FL 34630													
									i	_	DO NOT WRITE IN T	HIS SF	,VCE		
										3.	Date Incorporated or Qualified				
2 Principal P	lace of Busin	ness		20	, Mailing Address					4	<b>01/05/1995</b> FEI Number		<del></del>	TA nu	olied For
2, Principal Place of Business					26					٠,	65-0549734			+ '	Applicable
Suite, Apt. #, etc.					Suite, Apt. #, etc.								\$8.7	4—	dditional
22	Country									5.	Certificate of Status Desired				quired
City & State	θ	•		1	City & State					6.	Election Campaign Financing		\$5.	00	May Be
23				28							Trust Fund Contribution				Fees
Zip	Country			Zip Cou			Country	ry		8.	This corporation owes or has paid the	e curre	nt yea	r Inta	ingible
24				29 30			)				Personal Property Tax due June 30.		Yes	_□	No
	g, Name	and	Address of Current	Registered Agent			-				Name and Address of New Registe	red A	gent		
LAF	rson, roc	GER .	A				81	N	lame						
16120 US HWY 19 N SUITE 210								St	treet Addres	ress (P.O. Box Number is Not Acceptable)					
CU	EARWATER	( FL :	34824				83	ļ. <u>.</u> .	<del></del>	•••					
							-						11	7:- 6	
							84		ity			FL	85	Zip C	ode
11, Pursuant I	to the provis	ions d	of Sections 607.0502 or both, in the State of	and 6	07.1508, Florida Statu da. Such change was	utes, the	e above	e-na	med corpor	atio	on submits this statement for the purpo poard of directors. I hereby accept the	se of c	hangir	ng its t as r	registered egistered
agent. I a	m familiar w	ith, ar	nd accept the obligati	ons o	f, Section 607.0505, F	lorida (	Statutes	3.	,		poard of directors. I hereby accept the	( )			-9
SIGNATURE	Signature, hungel	l or reini	led name of registered agent	end blo	d soulcable (NC)	ITF: Donie	lered Ana	m) cir	gnature required	ифол	reinstating) DA	TE.			
12.	organical B. typeo	Or kning	OFFICERS AND				13.	on one	griatore regorbis		ADDITIONS/CHANGES TO OFFICERS	-	DIREC	TORS	S IN 12
TITLE	D		·····		DELETE	-	. F TITLE					_	Char		Addition
NAME	SHAFFE	A. R	OY E JR			1	2 NAME		l						
STREET ADDRESS			BLVD UNIT 1508			1	3 STREET	ADDI	RESS						
CITY-ST-ZIP			R FL 34630			1	.4 CITY - S	T - ZIF	P						
TITLE	Ď				☐ DELET <b>E</b>	2	1 TITLE						Chan	ge	Addition
NAME	SHAFFE	R, J(	DAN D			2	2 NAME								
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-CITY - ST-ZIP	CLEARM	VATE	R FL 34630			2	. 4 CITY-S	ST - <b>Z</b> #	P .						
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NAME						3	2 NAME								
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NAME						4	2 NAME		ļ						
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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 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 attacy ment with an address.

2/8/98