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 # **P95000016711 (0)**

1. Corporation Name
DEGRAF, INC.

Principal Place of Business	Mailing Address
60 NE 4 AVE DEERFIELD BEACH FL 33441	60 NE 4 AVE DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 02/27/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4629 POINCIANA ST.	26 4629 POINCIANA ST.
Suite, Apt. #, etc 22 # 221	Suite, Apt. #, etc 27 # 221
City & State 23 LAUDERDALE BY THE SEA, FL.	City & State 28 LAUD. BY THE SEA, FL.
Zip / Country 24 33308 / 25 BROWARD	Zip / Country 29 33308 / 30 BROWARD

4. FEI Number: 59-3302986 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DEGRAF, GARY C
60 NE 4 AVE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: DE GRAF, GARY C.
82 Street Address (P.O. Box Number is Not Acceptable): 4629 POINCIANA ST. #221
83
84 City: LAUDERDALE BY THE SEA FL 85 Zip Code: 33308

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] DATE: 7-17-96
Signature of new registered agent, if applicable (NOTE: Registered Agent signature required when adding)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEGRAF, GARY C 60 NE 4 AVE DEERFIELD BEACH FL 33441	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D GARY C. DEGRAF 4629 POINCIANA ST. #221 LAUDERDALE BY THE SEA, FL. 33308	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEGRAF, DAVID W 21340 WHITEPINE RD KILDEER IL 60047	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 added by an attachment with an address.

SIGNATURE: [signature] 7-17-96 (954) 772-6886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #