

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000027631 (7)

1. Corporation Name
IRVING GRASS, P.A.

Principal Place of Business
505 EAST NEW HAVEN AVE.
MELBOURNE FL 32901

Mailing Address
505 EAST NEW HAVEN AVE.
MELBOURNE FL 32901

FILED

97 JUL 29 AM 7:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1995	3a. Date of Last Report 06/10/1996
4. FEI Number APPLIED FOR 59-3304851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BURKE, MATTHEW T CPA
42 N. BREVARD AVE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name SAME	85 Zip Code FL
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D GRASS, IRVING 505 EAST NEW HAVEN AVE. MELBOURNE FL 32901	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002257616-3 -08/05/97--01017--001 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 attachment with an address.

SIGNATURE _____ DATE 7-15-97 107-727-1360

CR2E034 (4/97)

7-2

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P O BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

STATE OF FLORIDA
COUNTY OF BREVARD

IRVING GRASS, being duly sworn, says:

- 1) That he is the same IRVING GRASS registered with the Florida Department of State as IRVING GRASS, P.A.
- 2) That for years prior to the 1997 Report, he has received notices and/or blanks that served as 1st Notices.
- 3) That he has received no notice whatever prior to the "2ND NOTICE" directly from the DIVISION OF CORPORATIONS.
- 4) That he communicated with his current registered agent, MATTHEW T. BURKE, C.P.A., of 42 N. Brevard Avenue, Cocoa Beach, Florida 32931 to determine whether or not MR. BURKE received a blank from the DIVISION. MR. BURKE replied that he had not received a blank for me.
- 5) My not having received notice, is apparently due to a mistake of the DEPARTMENT since I have been at my present location for several years.
- 6) All the above considered, I am requesting that the DEPARTMENT treat my "2ND NOTICE" as a "1ST NOTICE" and accept my \$165.00 filing fee.


IRVING GRASS, P.A.

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to before me this 15th day of
July, 1997.


NOTARY PUBLIC



MARCIA A BARTLEY
My Commission CC628352
Expires Feb. 04, 2000