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 # P95000031449 (8)

GRANT FINANCIAL PLANNING, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			E HODELDDE HIN ININY NIELL NALLI DECKE ADUE	I OTION IILUI I	DEL DANCE ELE	110 1811 1 83 1
9150 SW 87TH AVE		9150 SW 87TH AVE						
STE 201		STE 201		DO NOT WRITE IN THIS SPACE				
MIAMI FL 331 US	MIAMI FL 33176 MIAMI FL 33176 US				3. Date incorporated or Qualified			
00					04/20/1995			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	 -	JAc	plied For
21 ///0/	BS.W. 91ST TERR.		<u> </u>	PEIVE	1			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				, -	Additional
22		27 SUITE bl	/		5. Certificate of Status Desired	Ш	Fee Re	quired
City & State	θ	City & State		6. Election Campaign Financing	_	\$5.00	May Be	
	AMI, FL	28 ////AMI	<u>L</u>		Trust Fund Contribution		Added t	to Fees
ر جر Zip	Country		Country	/	8. This corporation owes or has paid			
24 33/	76 25	29 33/03 30			Personal Property Tax due June 3 10. Name and Address of New Reg			J No
	9. Name and Address of Current	Name	10. Name and Address of New Heg	stered Ag	ent			
GRANT, WILLIAM A				INDITIO				
11688 S.W. 91ST TERRACE				Street Add	Iress (P.O. Box Number is Not Acceptable)			
MI	AMI FL 33176		83	 				
			L					
			84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes, th	ne abov	e-named cor	poration submits this statement for the pu	rnose of c	l nanging it	s registered
office or r	egistered agent, or both, in the State	of Florida, Such change was autho	rized b	y the corpora	ation's board of directors. I hereby accept	the appoir	itment as	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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND D		
TITLE	PVSD	☐ DELETE	1.1 TITLE			L	Change	Addition 3
NAME	GRANT, WILLIAM A		1.2 NAME					[]
STREET ADDRESS	***************************************		1.3 STREE	T ADDRESS				Įį.
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP			10	
TITLE			2.1 TITLE			L	Change	☐ Addition ☐
NAME		2.2						
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			2. 4 CITY - 3.1 TITLE	ST-ZIP			Change	Addition
TITLE			3.2 NAME			L	, change	
NAME PERCET ADDRESS				T ADDRESS				
STREET ADDRESS CITY+ST-ZIP			3.3 STREE 3.4. CITY -					
TITLE			4.1 TITLE	31-ZIF			Change	Addition
NAME		_	4. 2 NAME			_		
STREET ADDRESS				T ADDRESS				İ
CITY-ST-ZIP			4.4 CITY-1					ŀ
TITLE			5.1 TITLE	<u> </u>			Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-1					
TITLE			6.1 TITLE				Change	☐ Addilion
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-1					
	certify that the information supplied wi			otion stated in	n Section 119.07(3)(i), Florida Statules, I for	urther certi	y that the	information

indicated on this annual report of supplientental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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.