

FILED

Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P95000050847 (9)
1. Corporation Name
GIRI, INC.

Principal Place of Business	Mailing Address
5900 SOUTH TAMiami TRAIL SUITE K SARASOTA FL 34231	5900 SOUTH TAMiami TRAIL SUITE K SARASOTA FL 34231

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		81	Name
RIFUGIATO, TONY 5900 SOUTH TAMiami TRAIL SUITE K SARASOTA FL 34231		82	Street Address
		83	
		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is not an office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	
NAME	RIFUGIATO, TONY			1.2 NAME	
STREET ADDRESS	5900 SOUTH TAMiami TRAIL, SUITE K			1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231			1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	HUNDLEYU, DAVID			2.2 NAME	
STREET ADDRESS	2136 BONITA WAY SOUTH			2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33712			2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	
NAME	RIFUGIATO, GAETANO			3.2 NAME	
STREET ADDRESS	5900 SOUTH TAMiami TRAIL STE K			3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231			3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	
NAME	BERENOS, MICHAEL J			4.2 NAME	
STREET ADDRESS	2903 STONELAND LANE			4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		06/29/1995	
4. FEI Number	59-3326816	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 type="checkbox"/> Yes	<input type="checkbox"/> No

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ation submits this statement for the purpose of changing its registered
on's board of directors. I hereby accept the appointment as registered

(when reinstating) _____ DATE _____

[illegible]

14. 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 attachment with an address.

SIGNATURE:

90 Feb 98

941-921-7271

CP2E034 (10/97)