

3-27-97 B 3671 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000057107 (1)

1. Corporation Name
G.R.B., INC.

Principal Place of Business
5451 HAWKES BLUFF AVENUE
DAVIE FL 33331

Mailing Address
5451 HAWKES BLUFF AVENUE
DAVIE FL 33331-3316



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/21/1995		3a. Date of Last Report 03/25/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0608595		Applied For Not Applicable	
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

WAGNER, BETH S
5451 HAWKES BLUFF AVENUE
DAVIE FL 33331

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

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P STEAD, GREG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	188 SOUTH ISLAND	1.2 NAME	
STREET ADDRESS	GOLDEN BEACH FL 33180	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	ST WAGNER, BETH S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5451 HAWKES BLUFF AVENUE	2.2 NAME	
STREET ADDRESS	DAVIE FL 33331	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V WAGNER, ROBERT M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5451 HAWKES BLUFF AVE.	3.2 NAME	
STREET ADDRESS	DAVIE FL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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:

Beth S. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth S. Wagner

3/21/97

Secretary

CR2E034 (9/96)