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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000063431 (7)

1. Corporation Name

GRAND HAVEN/PALM COAST, INC.

Principal Place of Business

C/O LOWE ENTERPRISES, INC.
11777 SAN VICENTE BOULEVARD, SUITE 900
LOS ANGELES CA 90049

Mailing Address

C/O LOWE ENTERPRISES, INC.
11777 SAN VICENTE BOULEVARD, SUITE 900
LOS ANGELES CA 90049-5011



3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

95-4543577

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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 type 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	D/P	1.1 TITLE	
NAME	LEARY, THEODORE M., JR.	1.2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	1.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90049	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	
NAME	LOWE, ROBERT J.	2.2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	2.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90049	2.4 CITY- ST- ZIP	
TITLE	D/VP	3.1 TITLE	
NAME	PRINN, BRIAN T.	3.2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	3.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90049	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	
NAME	GABRIEL, SHARYL A.	4.2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	4.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90049	4.4 CITY- ST- ZIP	
TITLE	VP/T	5.1 TITLE	
NAME	DEL FRANCO, PETER A.	5.2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	5.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90049	5.4 CITY- ST- ZIP	
TITLE	S	6.1 TITLE	
NAME	KENYON, BETTY J.	6.2 NAME	
STREET ADDRESS	11777 SAN VICENTE BLVD., #900	6.3 STREET ADDRESS	
CITY- ST- ZIP	LOS ANGELES CA 90049	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:

Betty J. Kenyon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/97

(310) 820-6661

Date Daytime Phone #

CR2E034 (9/96)