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

	MENT # P95000 OF GRAIN, INC.	0071269 (1)				
Principal Place	e of Business	Mailing Address			4 148111481 110 (014) 91111 80	DIN 11010 AIILA 1011 IBOI
157 HARVARD DRIVE LAKE WORTH FL 33460		157 HARVARD DRIVE LAKE WORTH FL 33460			DO NOT WORTH IN THE OR	ACE
U\$		U\$			DO NOT WRITE IN THIS SP. 3. Date Incorporated or Qualified	AUE
					09/08/1995	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0608709	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional Fee Required
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the currer	
24	25	29	30			Yes No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Registered Ag	ent
	LAN, PAMELA L		8'	Name		
157 HARVARD DRIVE			82	Street	Address (P.O. Box Number is Not Acceptable)	
LAH	KE WORTH FL 33460		83	 -		
			84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	les, the abov	e-named		nanging its registered
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida, Such change was	authorized b	y the corp	l corporation submits this statement for the purpose of cl poration's board of directors. I hereby accept the appoir	itment as registered
	Pamela 3		Pros	JA01	Ot-	
SIGNATURE	Signature, typed or printed name of registered age	ent and title it application (NO)	L flegistored Ag	ent Bignature	e required when reinstating) DA16	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	<u> </u>
TITLE	P	LJ DELETE	1.1 TITLE		, ,	Change
NAME	NOLAN, PAMELA L.		1.2 NAME		NOLAN, PAMELA L. 157 HARVARD DR. LAKE WORTH, FL	
STREET ADDRESS	5310 HARVARD DRIVE			ADDRESS	157 HARVARD DR.	
CITY-ST-ZIP TITLE	LAKE WORTH FL	DELETE	1.4 CITY - 5 2.1 TITLE	ST-ZIP	LAKE WORTH, FL	Change Addition
NAME		out n	2.2 NAME			1 Grange reaction
STREET ADDRESS			2.3 STREET	ADDRESS		
City-St-Zip			2.4 CITY-			
TITLE		☐ DELETE	3.1 TITLE	31-211		Change Addition
NAME		• •	32 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELF1E	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP		T Shere	4.4 CITY - 9	1 - ZIP	ļ	100 T-1400
TITLE		☐ DELF1E	5.1 TITLE		<u> </u>	Change [] Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET			
CITY-ST-ZIP		DELETE	5.4 CITY - 5 6.1 TITLE	I-ZIP	 	Change Addition
NAME		F. J DECT L	6.2 NAME]	_ Charige navidut
STREET ADDRESS			6.3 STREET	ADDOCCO		
DINECT AUDINESS			0.3 3 INLE	WDDUS-22		

64 CITY-ST-ZIP

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 trusted 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.

FILED

Apr 21 1998 8:00am

Secretary of State