

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90295 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073406

1. Corporation Name
GRIFFIN COMPANY IV



Principal Place of Business 1830 S. OSPREY AVE SUITE 100A SARASOTA FL 34239 US	Mailing Address P.O. BOX 728 SARASOTA FL 34230 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 North Tamiami Trail Suite, Apt. #, etc.		2a. Mailing Address 26 		3. Date Incorporated or Qualified 09/19/1995	
22 Suite 410 City & State		27 Suite, Apt. #, etc.		4. FEI Number 65-0674371 Applied For No Applicable	
23 Sarasota, Fla Zip Country		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34236 25 USA		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		30		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

MCCURDY, JEFFREY 1830 S. OSPREY AVE SUITE 100A SARASOTA FL 34239		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2 North Tamiami Trail 83 Suite 410 84 City Sarasota FL 85 Zip Code 34236	
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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	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, WILLIAM D	1.2 NAME	
STREET ADDRESS	1830 S. OSPREY AVE SUITE 100A	1.3 STREET ADDRESS	2 N. Tamiami Trail, Suite 410
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, JEFFREY	2.2 NAME	
STREET ADDRESS	1830 S. OSPREY AVE SUITE 100A	2.3 STREET ADDRESS	2 N. Tamiami Trail, Suite 410
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	Sarasota, FL 34236
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: _____ DATE: 4-22-99 TIME: 941/316-6802

CR2E034 (1/198)