

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000091460 (2)

1. Corporation Name

GRACE ENTERPRISES GROUP, INC.



Principal Place of Business

10 CROCKETT ROAD  
LAKE PLACID FL 33852

Mailing Address

POST OFFICE BOX 1107  
LAKE PLACID FL 33852

(Spelled incorrectly)

2. Principal Place of Business

21 10 CROCKETT ROAD

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

33862

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHARTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
12/01/1995

3a. Date of Last Report

4. FEI Number

65-0622010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name  
AmeriLawyer, Chartered

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 the appointing

(Lawrence J. Spiegel)

DATE: Registered Agent's signature required when not filing

DATE

3/31/96

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME IBRAHIM, ALASTAIR A  
STREET ADDRESS 10 CROCKETT ROAD  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE STD ☒ DELETE

NAME SHIVES, JACK R  
STREET ADDRESS 10 CROCKETT ROAD  
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PSTD

☒ Change ☒ Addition

1.2 NAME

Susan L. Shives

1.3 STREET ADDRESS

10 Crockett Road

1.4 CITY-ST-ZIP

Lake Placid, Florida 33852

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001778368

-04/12/96--01042--027

\*\*\*200.00

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Susan L. Shives

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan L. Shives

2-23-96 (941) 465-7060

Date

Daytime Phone

CR2E034 (12/95)

4-12-96