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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # **P95000091460**1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 03, 1999 8:00 am Secretary of State

05-03-1999 90014 012 ***150.00

| GRACE | ENTERPRISES GROUP, INC |). | | | | | ANIA 1814 URIU 6161 | |
|--|---|--|--|--|-------------------------------|---|----------------------------------|---|
| | · · · · · · · · · · · · · · · · · · · | | | | | | BII | |
| Principal Place | e of Business | Mailing Address | | | | | | • |
| 10 CROCKETT ROAD 10 CROCKETT RD | | | | | | | | |
| LAKE PLACID FL 33852 LAKE PLACID F | | LAKE PLACID FL 33852 | ACID FL 33852 | | DO NOT WRITE IN THIS SPACE | | | |
| | | 08 | | • | 3. Date Incorporated of | | | |
| | | | | _ | 12/01/1995 | | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | * | | 4. FEI Number | • | | plied For |
| 21 | | Suite, Apt: #, etc. | | | 65-0622010 | , | * \$8.75 A | t Applicable |
| Suite, Apt. | #, etc | ⊢ | | | 5. Certifcate of Status | Desired | Fee Re | 1 |
| 22 City & Stat | · | City & State | | <u> </u> | 6. Election Campaign | Financing | \$5.00 | May Ro |
| 23 | | 28 | | | Trust Fund Contribu | | Added to | |
| Zip . | Country | Zip | Coun | try | 8. This corporation ow | | r Intangible | |
| 24 | 25 | 29 | 30 | | Personal Property 1 | • | ŬYes | □No |
| <u>-:</u> 1 | 9. Name and Address of Curren | nt Registered Agent | | | 10. Name and Addres | s of New Register | red Agent | |
| 4445 | TOU AVANCE CHARTERED | · · | į | Name | | | | |
| | rilawyer, Chartered Almeria Avenue | , | 1 | 82 Street Add | ress (P.O. Box Number is N | Not Acceptable) | | |
| | RAL GABLES FL 33134 | | | | | | | |
| CON | IAL CABLES I C 30104 | | 1 | B3 | | • | | |
| | | • | 1 | 84 City | | | 85 Zip C | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508. Florida Statut | es, the ab | I ove-named corr | poration submits this statem | | | registered |
| office or r | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga | of Florida. Such change was a | uthorized | by the corporati | on's board of directors. I he | ereby accept the ap | ppointment as reg | gistered |
| ayçııı. ı a | ini ianimai wini, and accept the conga | 1,0115 01, 000 | | | | | | |
| | , ! | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOTE | : Registered A | gent signature require | ed when reinstating) | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE | : Registered A | gent signature require | | DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered age OFFICERS AN | nt and title if applicable. (NOTE | :: Registered A | gent signature require | ed when reinstating) | DATE | | |
| SIGNATURE 12. TIFLE NAME | Signature, typed or printed name of registered age OFFICERS AN PSTD SHIVES, SUSAN L | nt and title if applicable. (NOTE | : Registered A 13. 1.1 TITL 1.2 NAM | gent signature require | ed when reinstating) | DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered ages OFFICERS AN PSTD SHIVES, SUSAN L 10 CROCKETT RD | nt and title if applicable. (NOTE | : Registered A - 13 1.1 TITL - 1.2 NAM 1.3 STR | gent signature require E IE EET ADDRESS | ed when reinstating) | DATE | AND DIRECTO | RS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered age OFFICERS AN PSTD SHIVES, SUSAN L | nt and title if applicable. (NOTE ID DIRECTORS DELETE | 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI | gent signature require E IE EET ADDRESS (-ST-ZIP | ed when reinstating) | DATE | S AND DIRECTO | RS IN 12 |
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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:

