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CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # 432, INC. Principal Place of Business Mailing Address 1110 2ND AVE S 1110 2ND AVE S LAKE WORTH FL 33460 LAKE WORTH FL 33460 3. Date Incorporated or Qualified 3a. Date of Last Report 12/26/1995 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business 65-06 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing **\$5.00** May Be City & State П Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Ζıρ Country Florida Statutes ☐ Yes ☐ No 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GROGIS, MARK V Street Address (P.O. Box Number is Not Acceptable) 62 9313 SPANISH MOSS RO E 83 LAKE WORTH FL 33467 Zip Code 84 City 85 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the objections of Section 1505. Hazda Statutes. familiar with, and accept the obligations of FEBRUARY 5, 1996 JARK V. 612061S SIGNATURE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 DELETE ☐ Change Addition DPST 1.11[4] TITLE CR2E034 GROGIS, MARK V 1.2 NAME NAME 9313 SPANISH MOSS RD E 1.3 STREET ADDRESS STREET ADDRESS LAKE MARY FL 33467 1.4 CITY - ST - ZIP City-St-ZiP Change Addition DELETE 2 1 THUE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDIRESS 2 4 CHTY - ST - ZIP CITY - ST - ZIP Change Add-tion DELETE 3 1 TiTLE TITLE 3.2 NAMI NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST 7P Change Addition DELETE 4 1 III.£ TriLE NAME 4.3 S! HELT ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIF CITY - ST - ZIP Change Add tion □ DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY - S1 - ZIP C-TY-ST-ZiP ☐ Change ☐ Addition DEL FTE 6 1 TITLE TITLE 6.2 NAM0 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 1 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 true corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address. 407

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK V GROWS FUB. 5, 1996 5176008