



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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000000956			
1. Corporation Name Grampa's Enterprise			
Principal Place of Business		Mailing Address	
974 Arlington Road Suite 200 Jacksonville, FL 32211		974 Arlington Road Suite 200 Jacksonville, FL 32211	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	1/4/96	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
24	25		
29	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANDUX, GONZALO R. 126 West Adams Street Suite 200 Jacksonville, FL 32202		81 Name 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			
600002162066 -05/01/97--01075--013 ***165.00			
14. I, the undersigned, 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 is included 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: X  4/24/97 (904) 725-2610			
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)