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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000009291 (1) DOCUMENT # 1. Corporation Name

	GRI INDUSTRIES, INC.				
Principal Plac	e of Business	Mailing Address			
9715 WEST BROWARD BLVD., STE. 314 9715 WEST BROWAR			VD., STE, 314		
PLANTATION FL 33324		PLANTATION FL 33324		DO NOT WRITE IN THIS SPACE	
İ				3. Date Incorporated or Qualified	
ŀ				01/26/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	_	26		65-0636913	Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Oblimode of Status Desired	Fee Required
City & Stat	ө	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	-
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
DD		Telli Registered Agent	81 Name	10. Name and Address of New Registers	a Agent
	IDGEON, PETER A	TF 044	Thanks		
1	15 WEST BROWARD BLVD., S'	IE. 314	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ן אי	ANTATION FL 33324		83		
			*		
			84 City		85 Zip Code
11 Purcuent	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	s the above named corn	oration submits this statement for the purpose	
office or r	registered agent, or both, in the Starm familiar with, and accept the ob	ate of Florida. Such change was a	ithorized by the corporati	ion's board of directors. I hereby accept the a	appointment as registered
1	im tamiliar with, and accept the ob	ligations of, Section 607.0505, Flor	ida Statules.		
SIGNATURE	Signature, typed or printed name of registered	agent and the if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	PRIDGEON, PETER A		1.2 NAME		
STREET ADDRESS	172 SW 61 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1,4 CITY - ST - ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE		Change Addition
NAME	PRIDGEON, MARY E		2.2 NAME		
STREET ADDRESS	172 SW 61 AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+\$T-2IP			3.4 CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	-	☐ DÉLETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

14. I hereby certify that the information supplied with this fitting 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 chapter 607, or on any attachment with an address.

STREET ADDRESS

6.3 STREET ADDRESS

FILED

Jan 21 1998 8:00am

Secretary of State