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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P96000027897

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90027 046 ***150.00

GROUT PLUS, INC.											
Principal Plac	e of Business	Mailing Address				T INDICATE IN SOLUTION OF THE PART OF THE	11 11 1 11	,16 1 600 1		fil 100 f 1001	
603 RACQUETCLUB ROAD 603 RACQUETCLUB ROAD											
#4 #4						DO NOT WOITE IN T		D405			
WESTON FL 33326 WESTON FL 33326						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					1
•						03/28/1996					1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			App	ied For	
21 26						65-0659121			+	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.		Iditional		
22		27			5. Certificate of Status Desired		Fe	e Req	uired		
City & State		City & State			== -6.=Election:Campaign:Financing	=	- \$5	.00-1	lay⋅Be≃	==	
23		28			Trust Fund Contribution		Ad	ded to	Fees		
Zip Country				country		8. This corporation owes the current year			,	٦	
24	25	29				Personal Property Tax.		☐ Yes]No	ł
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Register	ed A	gent			
CII V	/KA. MICHAEL A			"	Name						
9000 SHERIDAN STREET STE 114 PEMBROKE PINES FL 33024				82	Street Add	Address (P.O. Box Number is Not Acceptable)					
				83							
				83							
				84	City		E1 85		Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				hove	nomed cor	noration cubmits this statement for the ourness	of c	hangir	a its r	enistered	
11. Pursuant office or	registered agent, or both, in the State o	f Florida. Such change w	as authorized	d by	the corporat	ion's board of directors. I hereby accept the ap	point	ment a	s regi	stered	
agent. I a	am familiar with, and accept the obligati	ons of, Section 607.0505	o, Florida Stat	utes.	•	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	i Agen	nt signature requir	ed when reinstating) DATE					ء ا
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS	AND	DIRE	CTOF	S IN 12	Š
TITLE	PTVP		E 1.1 TI	13. 1.1 TITLE				☐ Cha	inge	☐ Addition	7
NAME	AMARAL, JOSEPH			AME							3
STREET ADDRESS	AND PAROLIET CLUB DD #4			TREET	ADDRESS						į
CITY-ST-ZIP	WESTON FL 33326			ITY-S1	T-ZIP						ļ
TITLE	PRESIDENT, TREASURER DELETE			TLE				Cha	nge	Addition Addition	Ι,
NAME	RICHARDE O'BRIEN SR.			2.2 NAME							
STREET ADDRESS	603 RACQUETCLUB RD H4			TREET	TADORESS						1
CITY-ST-ZIP	WESTON FI 33326			TY-S	T-ZIP			The	200	T AZZESZ	<u></u>
TITLE	- I			TLE		•		∐ Cha	ude	Addition	}
NAME				AME							1
SINCE PRODUCTION OF STREET					TADDRESS						
CITY-ST-ZIP	WESTON, FI 33326			3.4. CITY-ST-ZIP				☐ Cha		Addition	ł
ILLTE .		C) Deres							50		
NAME	1		4.21		* * * * * * * * * * * * * * * * * * * *						
STREET ADDRESS	6		4.35	IKEE	TADDRESS						
CITY-ST-ZIP					ID						
TITLE	· · · · · · · · · · · · · · · · · · ·		4.4 C	ΠY∙S1	T-ZIP	· · · · · · · · · · · · · · · · · · ·		∏ Ch≠		Addition	
NAME		☐ DELET	4.4 C E 5.1 TI	TLE	T-ZIP			Cha	ange	Addition	
STREET ADDRESS		☐ DELET	4.4 C E 5.1 TI 5.2 N	TLE AME		· ·		Cha	ange	Addition	
CEV 67 310		☐ DELET	4.4 C E 5.1 TI 5.2 N 5.3 S	TLE AME	T ADDRESS			Cha	ange	Addition]
CITY-ST-ZIP		☐ DELET	4.4 C E 5.1 TI 5.2 N 5.3 S 5.4 C	ITLE AME TREET ITY-SI	T ADDRESS			☐ Cha		☐ Addition	
TITLE			4.4 C E 5.1 TI 5.2 N 5.3 S 5.4 C	TLE AME TREET ITY-SI	T ADDRESS					_	
TITLE NAME			44 C E 5.1 TI 5.2 N 5.3 S 5.4 C TE 6.1 TI 6.2 N	ITLE AME TREET ITY-SI ITLE AME	T ADDRESS					_	
TITLE			44 C E 51 TI 52 N 53 S 54 C E 61 TI 62 N 63 S	ITLE AME TREET ITY-SI ITLE AME	T ADDRESS T-ZIP T ADDRESS					_	

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 chapped, or opposition that my name appears in the provided in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the report in the section 119.07(3)(ii) indicated in Section 119.07(3)(iii) indicated in Sec

SIGNATURE:

ED HAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

954-584.844

Daytime Phone #