

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED

97 AUG 14 AM 10:40

CLERK OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000035495 (6)

1. Corporation Name
GROSSMAN ENTERPRISES, INC.

Principal Place of Business
**1500 NO OCEAN BLVD.
POMPANO BEACH FL 33062**

Mailing Address
**1500 NO OCEAN BLVD.
POMPANO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|------------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | Suite, Apt. #, etc. | 26 | 4274 W. PRATT | 04/23/1996 | |
| 22 | City & State | 27 | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 23 | Zip | 28 | LINCOLNWOOD, IL | 65-0669077 | Not Applicable |
| 24 | Country | 29 | Zip | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | | 30 | 60646-3548 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | USA | | |

9. Name and Address of Current Registered Agent

**GROSSMAN, DAVID
1500 NO OCEAN BLVD.
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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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 | |
| TITLE | D | 1.1 TITLE | |
| NAME | GROSSMAN, DAVID | 1.2 NAME | |
| STREET ADDRESS | 1500 NO OCEAN BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE _____

CR2E034 (4/97)

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Annual Reports Filings
Attention: Marie
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Dear Sir/Madam:

I am enclosing a check for \$165.00 pursuant to my telephone conversation with Marie on July 31, 1997. David Grossman was in a severe automobile accident leaving him incapacitated with a spinal cord injury and is now a quadriplegic. Accordingly, the penalty has been abated.

Thank you for your kind cooperation.

Very truly yours,

Ben Grossman
Ben Grossman

Dated: 8-5-97