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

PROFIT CORPORATION ANNUAL REPORT

**19**98

CITY-ST-ZIP

14. I hereby certify that the informatio indicated on this annual report of officer or director of the corporation

Block 12 or Block 13 if changed



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 12 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000040754 (9)

ROBERT GRANT ENTERPRISES, INC.

Mailing Address Principal Place of Business 421 S.E. 10TH ST. 421 S.E. 10TH ST. **APT. 104A APT. 104A** DO NOT WRITE IN THIS SPACE DANIA FL 33004 DANIA FL 33004 3. Date Incorporated or Qualified 05/13/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0670394 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHEIFLEY, ROBERT 421 S.E. 10TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 **APT. 104A** 83 DANIA FL 33004 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE 11 TITLE SCHEIFLEY, ROBERT 12 NAME NAME 421 S.E. 10TH ST. APT. 104A 1.3 STREET ADDRESS STREET ADDRESS DANIA FL 33004 CITY-ST-ZIP 14 CITY-ST-ZIP \_\_\_ Addition DELETE Change 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CiTY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP ☐ DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 5.1 HILE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 61 TITLE 62 NAME NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-ZIP

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information intal 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 receivenor trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

100.00