

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000041634 (2)

1. Corporation Name

GRANT FINDERS, INC.

Principal Place of Business

5871 N UNIVERSITY DR  
#136  
TAMARAC FL 33321  
US

Mailing Address

5871 N UNIVERSITY DR  
#136  
TAMARAC FL 33321  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1996

4. FEI Number

65-0867504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 7154 N. UNIVERSITY DR

22 Suite, Apt. #, etc  
#136

23 City & State  
TAMARAC FL

24 Zip  
33321

25 Country  
BROWARD

2a. Mailing Address

26 7154 N. UNIVERSITY DR

27 Suite, Apt. #, etc  
#136

28 City & State  
TAMARAC FL

29 Zip  
33321

30 Country  
BROWARD

9. Name and Address of Current Registered Agent

ADAMS, IRENE  
8630 NW 53RD COURT  
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name  
ADAMS, IRENE

82 Street Address (P.O. Box Number is Not Acceptable)  
8640 NW 51 ST

83

84 City  
LAUDERHILL

FL

85 Zip Code

33351

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  
Irene Adams

4-16-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
ADAMS, IRENE  
STREET ADDRESS  
8630 NW 53RD CT  
CITY-ST-ZIP  
LAUDERHILL FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
D  
1.2 NAME  
ADAMS, IRENE  
1.3 STREET ADDRESS  
8640 NW 51 ST  
1.4 CITY-ST-ZIP  
LAUDERHILL, FL 33351

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: Irene Adams

4-16-98

954-742-0592

CR2E034 (10/97)