## 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

DOCUMENT # P96000049966 (0)

**GREY COMPANIES INCORPORATED** 

Principal Place of Business

Mailing Address

**FILED** May 08 1998 8:00am Secretary of State



	LM LAKE, STE. 1506 BEACH FL 33417	4807 VIA PALM LAKE. ST WEST PALM BEACH FL S		DO NOT WRITE I  3. Date Incorporated or Qualified  06/10/1996	N THIS SPACE	
	lace of Business	2a, Mailing Address	•	4. FEI Number	Applied For	
21 1045	RAINTREE LANE	26 13860 WEL	LINCTON TRI	ACE 65-0667525	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27 SUITE 2	01	5. Certificate of Status Desired	Fee Required	
City & State	INGTON, FL	City & State 28 WELLINGTO	D_FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 334			Country 30 U.S. A	This corporation owes or has paid     Personal Property Tax due June 3	' ba	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
ANDERSON, YVONNE 81 Name						
1319 STARK LAKE COURT PORT ST. LUCIE FL 34952			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City		85 Zip Code	
VA Duraucant	to the providings of Sections 607.0600	and COZ 1500 Florida Chabita			FL   S   P   S   S	
office or re	egistered agent, or both, in the State o	filorida. Such change was a	es, the above-named outhorized by the corp	corporation submits this statement for the puporation's board of directors. I hereby accept	rpose of changing its registered the appointment as registered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flo	rida Statutes.	·	,,	
SIGNATURE	Signature, typied or printed name of registered agent	and the state of t	Registered Agent signature			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	DATE  DE AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	P	Change Addition	
NAME	GREY, KEN K.	<del></del>	1.2 NAME	KEN K. GREY		
STREET ADDRESS	4807 VIA PALM LAKE		1.3 STREET ADDRESS	1045 RAINTREE LANE		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY-ST-ZIP	WELLINGTON, FL 334	ال	
TITLE	VP	DELETE	2.1 THTLE	VP	Change Addition	
NAME	CHAIKIN, SANDRA		2.2 NAME	SANDRA CHAIKIN	,	
STREET ADDRESS	4807 VIA PALM LAKE		2.3 STREET ADDRESS	1045 RAINTREE LANG		
CITY-ST-ZIP	W. PALM BEACH FL		2. 4 CITY-ST-ZIP	WELLINGTON, FL 53419		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-ST-ZIP			34. CITY-ST-ZIP			
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change Addition	
NUME		_	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		En suarge En receion	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP		1	
	ertify that the information supplied with	this filing does not qualify for	the exemption state	Led in Section 119.07(3)(i), Florida Statutes. I fu	rther 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