


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90011 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000050455 ✓			
1. Corporation Name G.R.U.B. CORPORATION			
Principal Place of Business 5911 SW 195TH TERR SUITE 302 FT. LAUDERDALE FL 33332 US		Mailing Address 5911 SW 195TH TERR 790 E. BROWARD BLVD., #302 ST CLOUD FL 33332 US	
2. Principal Place of Business 21 5911 SW 195th Terrace Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33332 Country 25 USA		2a. Mailing Address 26 5911 SW 195th Terr. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip 29 33332 Country 30 USA	
9. Name and Address of Current Registered Agent BROWN, CHRISTIAN C 5911 S.W. 195TH TERRACE FT. LAUDERDALE FL 33332		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME BROWN, CHRISTIAN C STREET ADDRESS 5911 S.W. 195TH TERRACE CITY-ST-ZIP FT. LAUDERDALE FL 33332		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME BROWN, SUSAN K STREET ADDRESS 5911 S.W. 195TH TERRACE CITY-ST-ZIP FT. LAUDERDALE FL 33332		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <u>Susan K. Brown</u> SUSAN K. BROWN 7/2/99 (954) 4348564 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1996	
4. FEI Number 65-0672238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CR2E034 (5/99)

588102-90011-30

P96000050455

July 8, 1999.

To Florida Dept. of State;

I am enclosing check # 1202 in the amount of \$150.00 for my annual report. The notice I received last week was marked 2nd NOTICE, but I never received a 1st NOTICE. Please consider my good standing and on time payments in prior years and accept my payment.

Sincerely,

Susan K Brown

Susan K. Brown

Christian C. Brown

GRUB CORPORATION