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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051265 (2)

GRISHAN, CORP.

Principal Place of Business

240 VANDERBILT DR

Mailing Address

P O BOX 989 LAKE WORTH EL 33460-0989

FILED May 12 1997 8:00am Secretary of State



PAVE MOUILU LE 99	400	EARL WORTH TE SOCOODS	•				
					3. Date Incorporated or Qualified 06/14/1996	3a. Date of Last R	leport
2. Principal Place of	of Business	2a. Mailing Address			4. FEI Number	Ar	pplied For
21		26		65-0673903	No	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27		57 Optimode of Status Desired	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Bo
23	28				Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for		, 199.032,
24	25		30			Yes No	
	Name and Address of Currer	il Registered Agent		41 51	10. Name and Address of New R	egistered Agent	
	N, ILKKA		8	1 Name			
240 vanderbilt dr Lake worth FL 33460				2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
			8	3			1
			8	4 City		FL 85 Zip	Code
11. Pursuant to the	provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ove-named co	orporation submits this statement for the	purpose of changing it	ts registered
agent. I am fan	ared agent, or both, in the State niliar with, and accept the oblig	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized ida Statut	by the corpo .es.	ration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE Signate	ure typod or printed name of registered age	ont and little II applicable (NOTE:	Registered A	Agent signature re-	quired when reinstating)	DATE	
12.	OFFICERS AN		18.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 12
TITLE	46	☐ DELETE	1.4 1111.0			☐ Change	Addition
NAME I	KILA RII OBANCA	_	1.2 NAM	E			
STREET ADDRESS 2.0	10 VANDERPOLL	Da.	1.8 STRE	E1 ADDRESS			
	WE WOUTH , PL		1.4 City	-ST-ZIP			
TITLE V	1010	DELETE 2.1				Change	Addition
NAME D	RITUALLISA PHECANON		2.2 NAME				
STREET ADDRESS 2			2 8 STRE	ET ADDRESS			
CITY-ST-ZIP	LAUF WOMPH, FL 33460		2. 4 CITY-ST-ZIP				
TITLE	TO COUNTY PC	DELETE	3.1 TiTL1			Change	Addition
NAME			3.2 NAM	LF.			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				7-ST-ZIP			
TITLE	DELETE		4.1 TITL			☐ Change	Addition
NAME			4. 2 NAME				
			1	EET ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP TITLE		DELETE	51 TITL	-ST-ZIP		Change	Addition
l i		First DELLEGE				ETT OFFICE	Addition
NAME			52 NAM	i			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		Dona	_	'- S1 - 7IP			a a a a second
TITLE	DELETE		6.1 TITL			☐ Change	Addition
NAME			62 NAM	1E			
STREET ADDRESS			6.3 STRE	EET ADDRESS			
CITY-ST-ZIP				'- S1 - ZIP			
14. I do hereby ce	rtify that the information supplie	d with this filing does not qualify	for the e	xemption sta	ted in Section 119.07(3)(i), Florida Statut	es. I further certify that	the

I am an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under our lam an officer or director of the corporation or the receiver or trusted 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.