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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	P96000059988	(1

Principal Place of Business Mailing Address 896 NORTH FEDERAL HIGHWAY APT. 127 LANTANA FL 33462 KENNA J. GRUSHOFF, INC. Mailing Address 896 NORTH FEDERAL HIGHWAY APT. 127 LANTANA FL 33462-1854			-			
				 Date Incorporated or Qualifie 07/15/1996 	d 3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
	o Job Lore	26 5270 Jol	Lane	65-0682344	Not Applicable	
Sulte. Ant.		Suite, Apt. #, etc. 27 DE/RAY BE	_	5. Cerlificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le ¹	City & State	7 / /	6. Election Campaign Financing		
23 3348	4 PALM BEACH.	28 33484	Folm Beach	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	·	or inlangible tax under s. 199.032.	
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New	Hegistereo Agent	
	JSHOFF, KENNA J					
	NORTH FEDERAL HIGHWAY . 127		82 Street Add	ress (P.O. Box Number is Not Accep	table)	
	. 127 Itana FL 33482		83	406 ZDA C		
LAIN	HANA FL 33402		·			
			84 City CA	Beach	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 050	12 and 607 1508 Florida Sta	tutes the above named cor	horation submits this statement for th		
office or a	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida, Such change wa	s authorized by the corpora	tion's board of directors. I hereby ac	cept the appointment as registered	
	an langual with, and accept the opings	ations of Section 607.0303,	rionua ojajuies.			
SIGNATURE	Signature typod or printed name of registered age	ent and tile it applicable (N	IOTE: Registered Agent signature requ	ired when reinslating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	D	☐ DEL€1E	1.1 TITLE		Charige Addition	
NAME	GRUSHOFF, KENNA J		12 NAME	T-0/1		
STREET ADDRESS	896 N FEDERAL HHY, APT 12	27	ني 1.3 STREET ADDRESS	270 JOG LANK EIROY BLACK FL 3		
CITY-ST-ZIP	LANTANA FL 33462		1.4 CITY - ST - ZIP	elroy Black FL 3	3984	
TITLE	l	☐ DELETE	2.1 TITLE	•	Change Addition	
NAME			2.2 NAME			
STREET ADORESS)		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITL€]	☐ DELETE	3.1 TITLE		Change L. Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-S1-7IP			
TITLE		prifite	4.1 TrTLE		Change Addition	
NAME		DELETE				
STREET ADDRESS		DEFELE	4, 2 NAME			
NIE. AV 2:5		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS	•		
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TITLE		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE		Change Addition	
TITLE NAME		_	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition	
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14. I do 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 logal effect as if made under oath; that I am 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 changing or principles of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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