

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

FILED

Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060506 (8)

1. Corporation Name

FRANK E. GRAVINA INC.

Principal Place of Business

~~301 GOLDEN ISLES DRIVE, #103~~
HALLANDALE FL 33009

Mailing Address

~~301 GOLDEN ISLES DRIVE, #103~~
HALLANDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1996

4. FEI Number

NOT APPLICABLE

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

2a. Mailing Address

21 FRANK E. GRAVINA

26 FRANK E. GRAVINA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 H 829

27 H 829

City & State

City & State

23 HALLANDALE FL

28 HALLANDALE FL

Zip

Country

Zip

Country

24 33009

25 USA

29 33009

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAVINA, FRANK E

~~301 GOLDEN ISLES DRIVE, #103~~
HALLANDALE FL 33009

200 DIPLOMAT PKWY #829
HALLANDALE FL 33009

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

FRANK E. GRAVINA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/21/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAVINA, FRANK E	
STREET ADDRESS	301 GOLDEN ISLES DRIVE, #103	
CITY - ST - ZIP	HALLANDALE FL 33009	

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	GRAVINA, FRACYNE	
STREET ADDRESS	301 GOLDEN ISLES DRIVE, #103	
CITY - ST - ZIP	HALLANDALE FL 33009	

TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	GRAVINA LAURIE M.	
STREET ADDRESS	200 DIPLOMAT PKWY #829	
CITY - ST - ZIP	HALLANDALE FL 33009	

TITLE	TRASAKA	<input type="checkbox"/> DELETE
NAME	BREWER GWEN P.	
STREET ADDRESS	611 GATEWOOD AVE	
CITY - ST - ZIP	HIGH POINT NC 27265	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	

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: Frank E. Gravina FRANK E. GRAVINA (954) 457-7009

CR2E034 (1097)