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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000073043 (7)

1. Corporation Name

GRIFFIN DEVELOPMENT, INC.

Principal Place of Business

5379 CORK OAK ST
SARASOTA FL 34232

Mailing Address

5379 CORK OAK ST
SARASOTA FL 34232-3055

3. Date Incorporated or Qualified
08/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 4938 WINDFLOWER CIR.

Suite, Apt. #, etc.

2a. Mailing Address

26 4938 WINDFLOWER CIR.

Suite, Apt. #, etc.

City & State

23 SARASOTA, FL

City & State

28 SARASOTA,

Zip

24 34241

Country

25 SARASOTA

Zip

29 34241

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

SURDO, ANDREW A
5379 CORK OAK ST
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

ANDREW SURDO

82 Street Address (P.O. Box Number is Not Acceptable)

83 4938 WINDFLOWER CIR.

84 City

SARASOTA,

FL

85 Zip Code

34241

11. Pursuant to the provisions of Sections 607.0501 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SURDO, ANDREW A
STREET ADDRESS 5379 CORK OAK ST
CITY-ST-ZIP SARASOTA FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRESIDENT DIRECTOR
12 NAME SURDO, ANDREW A
13 STREET ADDRESS 4938 WINDFLOWER CIR.
14 CITY-ST-ZIP SARASOTA, FL 34241

21 TITLE V.P. TREAS.
22 NAME NANCY SURDO
23 STREET ADDRESS 4938 WINDFLOWER CIR.
24 CITY-ST-ZIP SARASOTA

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)