

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

FILED

Feb 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095142 (1)**

1. Corporation Name
GRANITE SOUTH, INC.

Principal Place of Business
**1220 NE 172ND ST
N MIAMI BEACH FL 33162**

Mailing Address
**1220 NE 172ND ST
N MIAMI BEACH FL 33162-2722**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number Applied for		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COLLETTI, JOSEPH R 3550 BISCAYNE BLVD, SUITE 610 MIAMI FL 33137				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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRAUN, STEVEN			1.2 NAME	BRAUN, Steven		
STREET ADDRESS	1320 E 34TH ST			1.3 STREET ADDRESS	1220 N.E. 172ND ST.		
CITY - ST - ZIP	BROOKLYN NY 11240			1.4 CITY - ST - ZIP	NORTH MIAMI BEACH FLA. 33162		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUTH, DAVID			2.2 NAME	Peppard, RANDI		
STREET ADDRESS	40 DIAMOND DR			2.3 STREET ADDRESS	4350 N. JEFFERSON AVE		
CITY - ST - ZIP	PLAINVIEW NY 11803			2.4 CITY - ST - ZIP	MIAMI BEACH FL. 33140		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KROPP, FREDERICK			3.2 NAME			
STREET ADDRESS	121 2ND AVE			3.3 STREET ADDRESS			
CITY - ST - ZIP	MASSAPEQUA PARK NY 11762			3.4 CITY - ST - ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEPPARD, RANDI			4.2 NAME			
STREET ADDRESS	4350 N JEFFERSON AVE			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI BEACH FL 33140			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 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] PRESIDENT

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2/19/97

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