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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P96000099166 (6)

PENNY E. GRADES, P.A.

FILED Apr 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					r sadkiadti kid järis onki därik sanir barir därib därib tärib därib däri			
3325 PINEV MARGATE I	VALK DR N #110 FL 330 63	3325 PINEWALK DR (MARGATE FL 33063	N #110			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
					_	12/06/1996		
	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
	SE GOH STREET	26				65-0712795 Not Applicab		
Suite, Apt.	· ·	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22 SUC		City & State				Fee Hequired		
City & State		•				6. Election Campaign Financing \$5.00 May Be		
23 20 PC	Country TL	Zip Country				Trust Fund Contribution		
24 3339		29 30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24, 555	9. Name and Address of Current		30	ſ -		10. Name and Address of New Registered Agent		
G	ASS, DANIEL G		~. 	81	Name			
	0001 NW 50TH ST #204			82	Ctrool	Address (D.O. Boy Number is Not Assentable)		
	UNRISE FL 33351			02	Street	et Address (P.O. Box Number is Not Acceptable)		
Ĭ	0141102 1 2 0000 1			83				
				84	City	85 Zip Code		
				Ш				
office or re	egistered agent, or both, in the State (Residence of the composition of the purpose of changing its registered and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered nt, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered named accept the obligations of, Section 607.0505, Florida Statutes. President name of registered agent and other inequalities (NOTE: Begistered Agent signature required when reinstating) DATE						
SIGNATURE								
12.				d Age	it signature			
TITLE	P			TLE		······································		
NAME	GRADES, PENNY E		1.2 N	AME	i			
STREET ADDRESS 3325 PINEWALK DRIVE NO,		# 110	1.3 5	REET,	ADORESS			
CITY-ST-ZIP	MARGATE FL	" ' ' '	1.4 C	1.4 CITY - ST - ZIP				
TITLE				2.1 TiTLE 2.2 NAME		Change Additio		
NAME			2.2 N					
STREET ADDRESS			2.3 \$1	THEET	ADDRESS			
CITY-ST-ZIP			2.40	ITY-S	T-ZIP			
TITLE		DELETE	DELETE 3.1 TIT			Change Addilio		
NAME			3.2 NAME		ĺ			
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T - ZIP			
TITLE		☐ DELETE	DELETE 4.1 TITL			Change Additio		
NAME			4. 2 N	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			_	4 4 CITY - ST - ZIP				
TITLE		DELETE	5.1 7)	TLE		Change Additio		
NAME			5.2 NAME		[7		
STREET ADDRESS			5 3 STREET ADDRESS		address	4.2r		
CITY-ST-ZIP			5 4 CITY - ST - ZIP		- ZIP			
TITLE		DELETE		6.1 TITLE		-04/20/9801090029 □ Additio		
NAME .			. 6.2 N/			***150.00		
STREET ADDRESS					ADDRESS	. 本本本1のU。UU		
CITY-ST-ZIP	ertify that the information superhad use	h thir filma dose not suplify		TY-ST		ord in Section 119.07(3)(i) Florida Statules, Liurther certify that the information		

Thereby certify that the information supplies with this little poors not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the informatic 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 eath; that I am an officer or director of the corporation or the receiver or buylee 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 on an attacking by with an address.