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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

FILED

Feb 28 1997 8:00am

Secretary of State

Daytime Prione # 0000057

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000100265 (3)

GRB PARTNERS, INC.

CITY - ST - 7IP

Mailing Address Principal Place of Business 5800 BEACH BOULEVARD #203 5800 BEACH BOULEVARD #203 JACKSONVILLE FL 32207-5180 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 3a. Date of Last Report 12/11/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has fiability for intangible tax under s. 199.032, Yes 💹 No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WINSLOW, ELIZABETH B Name 5800 BEACH BOULEVARD #203 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 84 City Zip Code 85 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 Signarine type also printed name of registered agost and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PTD Change Addition DELETE 1.1 TITLE THLE HOUCK, HARLAN J 1.2 NAME NAME **4014 BARCELONA AVE** 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 1.4 City - ST - ZIP City - S\* - ZIP VSD Change Addition DELETE 21 TITLE TITLE WINSLOW, ELIZABETH B 2.2 NAME NAME 4014 BARCELONA AVE 23 STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32207 Cilir-SI-ZiP 2 4 City-St-ZiP \_\_\_ Addition DELETE Change 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY- ST-7/2 Addition DELETE Change 4.1 TITLE TITLE NAME 4.2 NAME STREET ACIDRESS 4,3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZP DELETE Change Addition 5.1 TITLE TillE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS COLY - \$1 - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TILLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. Ido nereby 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