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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra . Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000101103 (5)

FILED Jul 01 1997 8:00am Secretary of State

GRANDE CONCEPTS, INC.							
Principal Place of Business Mailing Address							1 85189 HU 1981
P.O. BOX 47917 P.O. BOX 47917 ST. PETERSBURG FL 33743-7917 ST. PETERSBURG FL 33743-7917			-7917				
	•				3. Date Incorporated or Qualified 12/16/1996	3a. Date of L	ast Report
2. Principal Place of Bysiness 2a. Mailing Address			١	. \	4. FEI Number	<u> </u>	Applied For
Sulte, Apt. #, etc. (See above) 26 Suite, Apt. #, etc.			abo	le J		e ó	Not Applicable 75 Additional
22 27					5. Certificate of Status Desired	1 1 7	ee Required
City & State City & State					6. Election Campaign Financing	\$5	5.00 May Be
28					Trust Fund Contribution	A	ded to Fees
Zip	Country	Zip	Country	ı	8. This corporation has liability for		der s. 199.032,
24	9, Name and Address of Current		30]		Florida Statutes 10. Name and Address of New R	Yes No	
GILLEN, EILEEN				Name	10. 110.110.110.110.110.11	og.ototou rigoti	
6208 12TH AVE. S.				Ctroop A A	does (D.O. Does N. Indiana in No. Accorded	E > 1.1	
GULFPORT FL 33707			82	Sireel Add	dress (P.O. Box Number is Not Accepta	ibie)	
4, "			83				
•			84	City		85	Zip Code
						- FL	·
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.							
agent. i a	m familiar with, and accept the obliga	ions of, Section 607.0505, Flo	rida Statutes	3.	,,,,,,,,,,,,,,,,		
SIGNATURE	Signalura, typed or printed name of registered agen	and tills if anythering APOYE	Decisions 4		uired when reinstating)	DATE	-
12.	OFFICERS AND		13.	int eithiathe teidr	ADDITIONS/CHANGES TO OFF		CIORS IN 12
Tetle	PRESIDENT	- DELETE	1.1 TITLE			☐ Ch	
NAME	1 Oilana Cillen		1.2 NAME];
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	GUIFORT FL 3370/		1.4 CITY-S	T-ZIP			
TITLE	Vice Presiden	J. DELETE	2.1 TITLE			∐ Ch	ange L. Addition C
NAME	Eileen Gillen		2.2 NAME				
STREET ADDRESS	6205 12th Ave Sno		2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	Gulf part,	C) 55707	2. 4 CiTY-5 3.1 TiTLE	ST - ZIP		Ch	ange Addition
NAME	secretains	D	31 IIILE 32 NAME	ŀ	•	L., UII	autho ["] Wooming
STREET ADORESS	DRESS Gas larg Aves		3.3 STREET ADDRESS				i
CITY-ST-ZIP	0-V/FROIX F	/ e	3.4. CITY - 5				}
TITLE		DELETE	4.1 TITLE	21-211		Ch	ange Addition
NAME	Treasurer		4. 2 NAME			_	
STREET ADDRESS	(200) 51/76	Aves	4.3 STREET				ļ
CITY-ST-ZIP	Eileen Gillen Caos-12th Aves CVISport, SL 33707		4.4 CITY-S	IT-ZIP			ľ
TITLE	DELETE		5.1 TITLE			☐ Ch	ange Addition
NAME			5.2 NAME	.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			54 City-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		DELETE	61 TITLE			☐ Ch	ange L Addition
NAME			6.2 NAME	-			
STREET ADDRESS			6.3 STREET				ĺ
CITY-ST-ZIP	<u> </u>		6.4 CITY - S	T - ZIP			

14. To 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 atlachment with an address.

SIGNATURE:

SIGNATU