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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000102051**1. Corporation Name

GR ACQUISITION CORP.

Thereby 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, with all other like empowered.

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90022 026 ***150.00

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US		US			3. Date Incorporated or Qualifed	•	
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2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number		plied For
21		26			65-0805828		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$6.75 /	
22		City & State					* * * * * * * * * * * * * * * * * * * *
City & Stat	ie ,	⊢ •			6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added t	. •
23 Zip	Country	28	Col	untry	8. This corporation owes the curre		
—, ·	25]	29	30	andy	Personal Property Tax.	Fill year intangible ☐ Yes	□No
24	9. Name and Address of Curren		[30]	,	10. Name and Address of New R		
	3. Name and Address of Journey		<u>-</u>	81 Name		<u> </u>	
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	1 S BAYSHORE DRIVE			82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	
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Ade Discount	to the provisions of Sections 607.050	2 and 607 1508 Florida Stat	utes the s	above-named corr	poration submits this statement for the	purpose of changing its	registered
office or r	registered agent, or both, in the State	of Florida, Such change was	authorize	ed by the corporati	on's board of directors. I hereby accep	t the appointment as re	gistered
ुं्, agent. I a	im familiar with, and accept the obliga	tions of, Section 607 0505, F	lorida Sta	itutes.			
SIGNATURE							
DIGITATIONE		ALCOHOL MANAGEMENT (NO.	TC: Desistant	al Appet cianature require	od urbon reinetating)	DATE .	1 -
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