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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

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1 Compretion Name	. 0.0000000	

GRPP, INC.

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Principal Place of Business Mailing Address

1101 NORTH LAKE DESTINY DRIVE 1101 NORTH LAKE DESTINY DRIVE
SHITE 400 SUITE 400

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MAITLAND FL 3	2751	MAITLAND FL 32751			DO N	OT WRITE IN THIS S	PACE	
	<u></u>				3. Date Incorporated or C	Qualifed	7	
		On Marillan Addross			01/09/1997 4. FEI Number		Τ Τ Δι	oplied For
→ '	ace of Business	2a. Mailing Address			59-3421999		\	ot Applicable
21		26			35-342 1999			Additional
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Do	esired 🕒		equired
22		City & State			5 FL 11 - O			
City & State	•	City & State			6. Election Campaign Fir	-	•	May Be to Fees
23		28			Trust Fund Contribution			10 Leaz
Zip	Country	Zip	Cou	nury	8. This corporation owes		ngible □Yes	□No
24	25	[29]	30		Personal Property Tax 10. Name and Address of			
	9. Name and Address of Current	Registered Agent		81 Name		T New Registered A	gent	
DEI (GUIDICE, CHRISTOPHER			81 Name	3			
				82 Stree	t Address (P.O. Box Number is Not	Acceptable)		
	NORTH LAKE DESTINY DRIVE			_				
• • • • • • • • • • • • • • • • • • • •	E 400			83				
MAH	LAND FL 32751			84 City			85 Zip	Code
				O4 City		FL	55 24	0000
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with and account the obligat	2 and 607.1508, Florida Statu of Florida, Such change was a interf. Section 607.9505, Flo	tes, the a authorized orida Stati	bove-name I by the cor utes.	o corporation submits this statement poration's board of directors. I here	by accept the appoint	angni as it	egistered
	(IIIhh	11/1/2	CIAL	SPANA	De 6401ce	1-06-9	75	
SIGNATURE	Signature, typed or printed rame of registered agen		E: Registered	Agent signatur	e required when reinstating)	DATE	<u> </u>	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES	TO OFFICERS AND	DIRECTO	ORS IN 12
TITLE	P	☐ DELETE	1.1 TI	TLE	0		☐ Chaпge	Addition
NAME	DELGUIDICE, CHRISTOPHER		1.2 N/	AMF				
Į.	1101 NORTH LAKE DESTINY D	RIVE SHITE 400		TREET ADDRES	s			ŀ
STREET ADDRESS	MAITLAND FL 32751	1012, 00112 400		TY-ST-ZIP	7			,
CITY-ST-ZIP	DS	☐ DELETE	2.1 TI				Change	Addition
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NAME	LECCESE, SALVADOR		2.2 N		_			
STREET ADDRESS	_2221_LEE_RD_SUITE_28		-2.3.51	TREET ADDRES	s;			-
CITY-ST-ZIP	WINTER PARK FL 32789				i			1
	***************************************		_	ITY-ST-ZIP			Chann	- Addition
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14. I 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 for on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-06-9

- 99 407-660 866L