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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham \*

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P97000008053 (5)

BEVERLY GRALLA INC.

## **FILED** Feb 10 1998 8:00am Secretary of State



| Principal Plac                 | e of Business  | Mailing Address  |   |  |  |                                   |                             |  |
|--------------------------------|--|--|---|--|--|-----------------------------------|-----------------------------|--|
|                                |  |  |   |  |  |                                   |                             |  |
| 7641 LA COR<br>BOCA RATOR      |  | 7641 LA CORNICHE CIR<br>BOCA RATON FL 33433  | 7641 LA CORNICHE CIR<br>BOCA RATON FL 33433 |  | DO NOT WRITE IN THIS SPACE                   |                                   |                             |  |
|                                |  |  |   | 3. Date Incorporated or Qual   | fied   |                                   |                             |  |
|                                |  |  |   | 01/21/1997   |  |                                   |                             |  |
| 2. Principal Place of Business |  | 2a. Mailing Address  | 2a. Mailing Address                         |  |  |                                   | pplied For                  |  |
| 21                             |  | 26]  |   | 63-0738  | <u> </u>                                     |                                   | ot Applicable               |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.  | <u>├</u>                                    |  | d 🗆  | \$8.75 Additional<br>Fee Required |                             |  |
| City & State                   |  | City & State   | City & State                                |  | 6. Election Campaign Financing \$5.00 May Be |                                   |                             |  |
| 23                             |  | [28]   |   | Trust Fund Contribution  | 📙  | Added                             | to Fees                     |  |
| Zip                            | Country  | Zip  | Country                                     | 8. This corporation owes or h  | •  |                                   |                             |  |
| 24                             | [25]   |  | 30  | Personal Property Tax due  |  |                                   | <b>X</b> No                 |  |
|                                | 9. Name and Address of Cur                                 | rent Registered Agent  | 81 Name                                     | 10. Name and Address of No   | w Hegistered                                 | л Адепт                           |                             |  |
|                                | ALLA, BEVERLY  |  | 81 Name                                     |  |  |                                   |                             |  |
|                                | 41 LA CORNICHE CIR   |  | 82 Street A                                 | Address (P.O. Box Number is Not Acc  | eptable)                                     |                                   |                             |  |
| B0                             | CA RATON FL 33433  |  | <u> </u>                                    |  |  |                                   |                             |  |
|                                |  |  | 83 ∫  |  |  |                                   |                             |  |
|                                |  |  | 84 City                                     | · · · · · · · · · · · · · · · · · · ·  |  | <b>85</b> Zip                     | Code                        |  |
|                                |  |  | 1 1 3,                                      |  | FI   | L   33   - 7                      |                             |  |
| office or r                    | egistored agent, or both, in the St                        | ate of Florida. Such change was a  | uthorized by the corp                       | corporation submits this statement for<br>oration's board of directors. I hereby                                   | the purpose accept the ar                    | of changing it<br>opointment as   | ts registered<br>registered |  |
| agent 1 a                      | m familiar with, and accept the of                         | digations of Section 607.0505, Flo   | rida Statutes.                              |  |  |                                   |                             |  |
| SIGNATURE                      | <u></u>  |  |   |  |  |                                   |                             |  |
| 12.                            | Signature: Typed or printed name of registered  Of FICE DC | AND DIRECTORS  | Registered Agent signature in 13.           | ADDITIONS/CHANGES TO   | DATE   | ID DIRECTOR                       | 20 IN 12                    |  |
| TITLE                          | PRESIDENT  | DELETE   | 1.1 TITLE                                   | ADDITIONS/CHANGES TO   | JEFTICENS AN                                 | ☐ Change                          | Addition                    |  |
| NAME                           | DE CEDIA BRALL   | 1  | 1.2 NAME                                    |  |  |                                   |                             |  |
| STREET ADDRESS                 | BEVERLY BRALL  | CHA CIRCLE   | 1.3 STREET ADDRESS                          |  |  |                                   |                             |  |
|                                | BOCA RATON FL  | - 33453  |   |  |  |                                   |                             |  |
| CITY-ST-ZIP<br>TITLE           |  | DELETE   | 1.4 CITY-ST-ZIP<br>2.1 TITLE                |  | <del></del>                                  | Change                            | Addition                    |  |
| NAME                           |  |  | 2.2 NAME                                    |  |  | C Change                          |                             |  |
| STREET ADDRESS                 |  |  | 2.3 STREET ADDRESS                          |  |  |                                   |                             |  |
|                                |  |  |   |  |  |                                   | ļ                           |  |
| CITY-ST-Z#P                    |  | DELETE   | 2.4 CITY-ST-ZIP<br>3.1 TITLE                |  |  | Change                            | Addition                    |  |
| NAME                           |  |  | 3.2 NAME                                    |  |  |                                   |                             |  |
| STREET ADDRESS                 |  |  | 3.3 STREET ADDRESS                          | •  |  |                                   | ļ                           |  |
| C/TY-ST-ZIP                    |  |  | 3.4. CITY-ST-ZIP                            |  |  |                                   | į                           |  |
| TITLE                          |  | DELETE   | 4.1 TITLE                                   |  |  | Change                            | Addition                    |  |
| NAME                           |  |  | 4.2 NAME                                    |  |  |                                   |                             |  |
| STREET ADDRESS                 |  |  | 4.3 STREET ADDRESS                          |  |  |                                   |                             |  |
|                                |  |  | 4.4 CITY-ST-ZIP                             |  |  |                                   | 1                           |  |
| CITY-ST-ZIP<br>TITLE           |  | DELETE   | 5 1 TITLE                                   |  |  | Change                            | Addition                    |  |
| NAME                           |  |  | 5.2 NAME                                    |  |  |                                   |                             |  |
| STREET ADDRESS                 |  |  | 5.3 STREET ADDRESS                          |  |  |                                   |                             |  |
| CITY-ST-ZIP                    |  |  | 5.4 CITY-ST-ZIP                             |  |  |                                   |                             |  |
| TITLE                          |  | ☐ DELETE   | 6.1 TITLE                                   |  |  | Change                            | Addition                    |  |
| NAME                           |  | <del>_</del>   | 6.2 NAME                                    |  |  |                                   |                             |  |
| STREET ADDRESS                 |  |  | 6.3 STREET ADDRESS                          |  |  |                                   |                             |  |
|                                |  |  | 6.4 CITY-ST-ZIP                             |  |  |                                   |                             |  |
| 14. Thereby of                 | L<br>certify that the information supplied                 | d with this filling does not qualify for   | the exemption state                         | d in Section 119.07(3)(i), Florida Statu   | tes. I further o                             | certify that the                  | information                 |  |
| indicated                      | on this annual report or suppleme                          | intal annual report is true and accurate accurate and acc | rate and that my sign                       | nature shall have the same legal effective shall have the same legal effect required by Chapter 607. Florida State | t as if made u                               | inder oath; the                   | atlam an                    |  |