## 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

## DOCUMENT # P9700008341

1. Corporation Name

GR AND AR CORPORATION

## **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90050 003 \*\*\*150.00



Principal Place of Business Mailing Address						i iddiiddi isb rasii ibbis daisi da	114 <b>B3</b> 131 <b>BB</b> 411		BFBB1 IIBI 1881
1080 WOODCO	CK ROAD	1080 WOODCOCK ROAD SUITE 285							
ORLANDO FL 32803-3514 ORLANDO FL 32803-3514						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/27/1997		•	
2 -D-f-sisst Di				4. FEI Number		- An	plied For		
<u> </u>	Place of Business 2a. Mailing Address					**			t Applicable
Suite, Apt.	# 010	Suite Ant # etc	Suite, Apt. #, etc.			33 340/041		\$8.75 A	
22	#, etc.	27	<b>⊢</b>			5. Certifcate of Status Desired		Fee Re	
City & State	9	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			.,	Trust Fund Contribution		Added to	o Fees
Zip	Country Zip		Country			8. This corporation owes the current year Intangible			
24	25	29 30	<u> </u>			Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent		<u> </u>		10. Name and Address of New F	legistered	Agent	
DALL	AL CURCON M		8	1 Name	(				
RAHAL, GHASSAN M 1112 N. SEMORAN BLVD.			8	2 Street	et Address (P.O. Box Number is Not Acceptable)				
	ANDO FL 32807		8	3			<del>.</del>		
			8	4 City				85 Zip C	Code
							FL		
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized t	y the corp	oration	's board of directors. I hereby accep	t the appo	intment as rec	gistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	gistered A	jent signature	required v	vhen reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	RAHAL, GHASSAN		1.2 NAM	E					
STREET ADDRESS	1112 N. SEMORAN BLVD.		1.3 STRE	ET ADDRESS	;				
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	2.1 TITLS					Change	☐ Addition
NAME. T	· 定"		2.2 NAM	£		المستحدد الدارسيانية			J
STREET ADDRESS			2.3 STR	ET ADDRESS	3				
CITY-ST-ZIP			2.4 CIT	r-ST-ZIP					]
TITLE		☐ DELETE	3.1 TITL					Change	Addition (
NAME			3.2 NAM	E					
STREET ADDRESS			3.3 STR	ET ADDRESS	3				
C/TY-ST-ZIP			3.4. CITY	-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4, 2 NAM	Æ					ļ
STREET ADDRESS			4.3 STRI	ET ADDRESS	;				
CITY-ST-ZIP			4.4 CITY						
TITLE		☐ DELETE	5.1 TITL		1			Change	☐ Addition
NAME			5.2 NAM	E	1				
STREET ADDRESS			5.3 STR	ET ADDRESS	3				
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	1				
TITLE	4 - 1 - 1 - 1 - 1	☐ DELETE	6.1 TITL	Ē	1			Change	Addition
NAME			6.2 NAM	E	1				
STREET ADDRESS			6.3 STR	ET ADDRESS	3				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP					
GICT-GT*AIF			-						

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3-16-99

352-629-2259