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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME Street address

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700008552 (6)

GRAY F	FINANCIAL GROUP, INC				
Principal Place of Business Mailing Address				C CERTIFIEDE SEE FEITH SEATH BETTH BENTH BENTH BENTH BENTH SENT SENT STIEL BYIGH BYIGH BYIGH BYIGH BYIGH	
1808 GOLFVIEW DRIVE SOUTH PLANT CITY FL 33567		1608 GOLFVIEW DRIVE SOUTH PLANT CITY FL 33567		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
		26 117 W. ALEX	ANDER ST	59-3434919 Not Applical	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 # 315		5. Certificate of Status 10 ired See Required Fee Required	
City & State	0	City & State 28 PLANT CITY	y FL	6. Election Campaign Figure 5.00 May Be Trust Fund Contribution Added to Fees	
Zip I	Country 25	7φ 33566- 29 FL 7/55	Country 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
	9, Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Registered Agent	
TAI	MPA FL 33618		83 84 City	Address (P.O. Box Number Not Acceptable)	
office or n agent. I a	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	.0502 and 007.1508, Florida Statute state of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the above-named authorized by the corrida Statutes.	d corporation submits this statement for the purpose of changing its registered poralion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature typed or printed name of registere	d agent and trie it and wable (NOT	. Registered Agent signature		
2.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ITLE	D	DELETE	1.1 TITLE	P	
(AME	Gr au, Mark		1.2 NAME	GRAY, MARK (correction)	
1,00 1,00 1,00		1.3 STREET ADDRESS	1608 GOLFVIEW DR., SOUTH		
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 CITY-ST-ZIP	PLANT CITY FL 39567	
TLE		L_] DELETE	2.1 TITLE	Change Addit	
AME			2.2 NAME		
TREET ADDRESS			2.3 STREET ADDRESS		
ITY-\$T-ZIP		I DELETE	2 4 CITY - S1 - ZIP		
ITLE		DELETE	3.1 TITLE	Change Additi	
AME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$T - 7IP		

14. 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 of the receiver or typice empowered to execute this report as required by Chapter 607. Florida Statutes; and that a premaring out of 83 Block 12 or Block 13 if changed entry in an address

4.1 DILE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 Crt Y - ST - ZIP

4.4 CITY - ST- ZIP

DELETE

DELETE

DELETE

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FILED

Apr 24 1998 8:00am

Secretary of State

215 7574

Change

Change

Change

Addition

Addition

Addition