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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000011154 (6)

## FILED May 04 1998 8:00am Secretary of State

Principal Place of Business 86 WRQWARD LINE ORMOND BRACH Ft. 32178  2 Principal Place of Business 2 Minding Aridress 2 Principal Place of Business 2 A Minding Aridress 2 Principal Place of Business 2 A Minding Aridress 3 A Ft Business 2 A Minding Aridress 3 A Ft Business 3 A Ft Business 3 A Ft Business 3 A Ft Business 4 Ft Business 5 A Agent Review 5 Agent Review 6 Agent Rev	SURE	GRIP, INC.					
Principal Place of Business   Multing Address   2						E ARRIVADA	NA STARTA ARBAN SURBA BANGA BARA 1821
Principal Place of Business   Multing Address   2	_						
ORMOND BEACH FL 32176  ORMOND BEACH FL 32176  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O2/04/1987  22. Making Andross  Suits. Apt. #, etc.  City & State  City & St	Principal Plac	e of Business	Mailing Address			a indisings tin totet their onte beite dern one	De tiddt itaal itaal Still Bibt that
2. Mailing Actifices a surface of Business 2. Mailing Actifices a surface of Business 2. Mailing Actifices a surface of Business 2. Mailing Actifices 3. Surface Apt #. etc. 2. Surface of Business 2. Surface of Business 2. Surface of Business 2. Surface of State Desired 5. Surface Of State 5. Surface 5. Su							
2. Principal Place of Business 2. Making Activess 2. Principal Place of Business 2. A Making Activess 2. Suite, Apt. #, etc. 2. Suite Apt. #, etc. 2.	ORMOND BE	ACH FL 32176	ORMOND BEACH FL 321	ORMOND BEACH FL 32176		DO NOT WRITE IN T	HIS SPACE
Principal Place of Business   2x Maining Actineses   4 Filt Number   59-3439760	Ì						THO OF MOL
22						1 -	
Solito. Appl. N. efic. 22 20 21	2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Salle 27   27   27   27   27   27   28   28			26		59-3439760	Not Applicable	
City & State   City	Suite, Apt. #. etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired		
Country   2e   Country   2e   Country   2e   Country   2e   Added to fees   Added to fees   Added to fees   Added to fees   No   Added to fees   No   No   No   No   No   No   No   N	22				0. 0010010	Fee Required	
2p   Country   2p   Country   2p   Country   8. This exponention rough to personal Property Tax disu June 30   2x   No.   No.	City of State		<b>├</b> ────────────────────────────────────		, , , , , , , , , , , , , , , , , , ,		
29	710	Cryintro		Country	<del></del>		
BROWNRIGG, KAREN 92 WINDWARD LANE ORMOND BEACH FL 32176  18		· · · · · · · · · · · · · · · · · · ·	1 ·	<b>⊢</b> —		1	
BROWNRIGG, KAREN 82 WINDWARD LANE ORMOND BEACH FL 32176  83 Street Address (P.O. Box Number is Not Acceptable)  84 Oily FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both; in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal in an familiar with, and accept the obligations of Section 607,0505, Florida Statutes.  SIGNATURE  Signature infects product invaluation and production (007,0505, Florida Statutes)  12. OFFICE IS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 112.  TITLE  D STREET ADDRESS 11, STR	[24]			1301			
### STREET ADDRESS OPENION BEACH FL 32176  ### STREET ADDRESS OPENIO	BR			81	Name		<del>-</del> -
ORMOND BEACH FL 32178    Batter   Batte				82	Stroot Ade	trops (D.O. Boy Number in Not Acceptable)	
### City ###	1	•		62	SIFEEL AUC	aress (F.O. BOX Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Ficirida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hort, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent specified agent, or hort, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent specified agent specifi	1			83			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Ficirida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hort, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent specified agent, or hort, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent specified agent specifi	ĺ			84	City		es Zin Code
SIGNATURE Signature with, and accept the challpacens of, Section 607,000,05, Frontal Statutes.  Signature by Produce prefeteration of trous accept agent approach to the product of product agent agent accept the challpacens agent sequentur required when rematating	ŀ				,		FL
SIGNATURE Signature with, and accept the challpacens of, Section 607,000,05, Frontal Statutes.  Signature by Produce prefeteration of trous accept agent approach to the product of product agent agent accept the challpacens agent sequentur required when rematating	11, Pursuant	to the provisions of Sections 607.050	rporation submits this statement for the purpo	se of changing its registered			
Signative tyrests present principle transition for principle and part in Flagoritation (NOT) Flogethered Appell signature recipited with reinstailing   DATE	agent la	rm f <b>ami</b> liar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes	s.	ation's board of directors. Thereby accept the	appointment as registered
12. OFTICE HS AND DIRE CTORS  TITLE  BROWNRIGG, KAREN  STREET ADDRESS CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  DELETE  1.2 NAME  1.3 STREET ADDRESS CITY-ST-ZP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  D	SIGNATURE						
TITLE	<del></del>				nt signature requ	<del></del>	
BROWNRIGG, KAREN   12 NAME   13 STREET ADDRESS   14 CITY-ST-ZIP				_		ADDITIONS/CHANGES TO OFFICERS	
STREET ADDRESS   STRE		-					
Addition   Change   C	1				ADDRESS		3
TITLE	1	ORMOND BEACH FL 32176					5
STREET ADDRESS   92 WINDWARD LANE		Ū	B				Change Addition
CITY-ST-ZIP	NAME			2.2 NAME			ĺ
TITLE	STREET ADDRESS			2.3 STREET	ADDRESS		
NAME \$TREET ADDRESS CITY-\$T-ZIP TITLE DELETE A1 TITLE A2 NAME  \$TREET ADDRESS CITY-\$T-ZIP TITLE A3. CITY-\$T-ZIP  A4. CITY-\$T-ZIP  TITLE A3. STREET ADDRESS CITY-\$T-ZIP  TITLE BELETE B1. STREET ADDRESS CITY-\$T-ZIP  TITLE B2. DELETE B3. STREET ADDRESS CITY-\$T-ZIP  TITLE B3. STREET ADDRESS CITY-\$T-ZIP  TITLE B4. CITY-\$T-ZIP  TITLE B4. CITY-\$T-ZIP  TITLE B5. STREET ADDRESS CITY-\$T-ZIP  TITLE B6. STREET ADDRESS G7. STREET ADDRESS	CITY-ST-ZIP	ORMOND BEACH FL 32176					
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY - ST - ZIP	L	DELETE 3.1 T					Change Addition
CITY-ST-ZIP		1					
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME         4.3 STREET ADDRESS         CITY-ST-ZIP         4.4 CITY-ST-ZIP         CITY-ST-ZIP         Change         Addition           NAME         5.2 NAME         5.2 NAME         Change         Addition           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         6.3 STREET ADDRESS         CTTY-ST-ZIP         Change         Addition	STREET ADDRESS			3.3 STREET	ADDRESS		
NAME					T-ZIP		Change Addition
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY - ST - ZIP   4.4 CITY - ST - ZIP   5.1 YITLE   Change   Addition   Addit	l i				j		Change (1) Addition
CITY-ST-ZIP	, ·			•	ADDOCER		
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         5.2 NAME         City-St-ZIP         5.3 STREET ADDRESS         City-St-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         62 NAME         63 STREET ADDRESS         63 STREET ADDRESS							
NAME			DELETE			The state of the s	Change Addition
STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS		ı	- Percent				
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change Addition           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS					ADORESS		ļ
TITLE DELETE 61 TITLE Change Addition  NAME 62 NAME  \$18 STREET ADDRESS 63 STREET ADDRESS					1		
STREET ADDRESS 6.3 STREET ADDRESS							Change Addition
	NAME		•	6.2 NAME	}		
CITY-ST-ZIP 6.4 CITY-ST-ZIP	STREET ADDRESS			6.3 STREET	ADDRESS		·
	CITY-ST-ZIP			6.4 CITY - ST	T-ZIP		

14. I bereby 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 oalt; 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.

MATURE VALUE BOOKEN

11-25-00

924/2010 778/