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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019083 (9)

1. Corporation Name

GRSS PROFESSIONAL PENSION FUND, INC.



Principal Place of Business

4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH BEACH FL 33410

Mailing Address

4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH BEACH FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

65-0733198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes

No

2. Principal Place of Business

21 1555 PALM BCH LKS BLVD

Suite, Apt. #, etc.

22 # 404

City & State

23 WEST PALM BCH, FL

Zip

24 33401

Country

25 PALM BCH

2a. Mailing Address

26 1555 PALM BCH LKS BLVD

Suite, Apt. #, etc.

27 # 404

City & State

28 WEST PALM BCH, FL

Zip

29 33401

Country

30 PALM BCH

9. Name and Address of Current Registered Agent

WASHOFKY, MARTIN E
4360 NORTHLAKE BLVD.
SUITE 205
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME SCIARRINO, GEORGE

STREET ADDRESS 4360 NORTHLAKE BLVD. SUITE 205

CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

X *Am 2. M. M. M. M. M.*

01/09/98

561-683-1666

CR2E034 (10/97)