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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State*

DIVISION OF CORPORATIONS

1998

DOCUMENT #

SUITE 800

MIAMI BEACH FL 33139

P97000026962 (5)

GRAND LAKE MANAGEMENT, INC.

Mailing Address Principal Place of Business 1111 LINCOLN ROAD 1111 LINCOLN ROAD SUITE 800 SUITE 800 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 03/20/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional Z Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GARFINKLE, DAVID 1111 LINCOLN ROAD R2 Street Address (P.O. Box Number is Not Acceptable)

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.

83

84

City

SIGNATURE Signature, typed or printed name of registered agert and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE 1.2 NAME NAME David Garfinkle Lincoln Road STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP ■ DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CHY-S1-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREFT ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELFTE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 supplied annual report by 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 pectiver of true to impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or one true to the corporation of the corporati

2/22/90 (202)630,000

FILED

Apr 13 1998 8:00am

Secretary of State

Zip Code