FILED Feb 19, 1999 8:00 am

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

PROFIT CORPORATION



1	JAL REPORT Secretary 1999 DIVISION OF CO		•			Secretary of State 02-19-1999 90119 042 ***158.75		
DOCU	JMENT # P970	000035	719					
, ,,	GRANDE LAND HOLD							
							I ABBINGO HIO TANK NOOM CONTRACTOR CONTRACTOR	
D I DI								
Principal Place of Business Mailing Address								
153 SE 1ST AVE BOCA RATON FL 33432 BOCA RATON FL 33432								
		boon	TIATOR TE SOAGE				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
							04/21/1997	
	Place of Business		lailing Address			,	4. FEI Number	Applied For
Suite, Apt	t # atc	26	vita Ant H ata				65-0746045	Not Applicable
22	#, C (C.	27	uite, Apt. #, etc.				I S Centicate of Status Desired 181	5 Additional Required
City & Sta	ate		ity & State				6 Flection Campaign Financing \$5	00 May Be
23		28					_ I	ed to Fees
Zip	Country	Zi		Coun	itry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax.	□No
	9. Name and Address of	Current Register	ed Agent		81	Nama	10. Name and Address of New Registered Agent	
LEV	/INE, JEFFREY A P.A.			Ľ	٠.	Name		
	O N. FEDERAL HWY			82		Street Add	ess (P.O. Box Number is Not Acceptable)	
SUITE 201					83			
BOO	CA RATON FL 33431							
				8	B4	City	Fi 85 2	ip Code
11. Pursuan	t to the provisions of Sections 60	07.0502 and 607.	1508, Florida Statute	s, the abo	ove-	-named corr	oration submits this statement for the purpose of changing on's board of directors. I hereby accept the appointment as	its registered
office or agent. I :	registered agent, or both, in the am familiar with, and accept the	State of Florida.	Such change was au ection 607.0505. Flor	ithorized b	by t	he corporati	on's board of directors. I hereby accept the appointment as	registered
SIGNATURE			,					
40	Signature, typed or printed name of register				gent	signature require	d when reinstating) DATE	
TITLE	PVS	RS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC	
NAME	NORMAN, JEFFREY H		☐ DELETE	1.1 TITLE			Chan	ge ∐ Additio
STREET ADDRESS				1.2 NAM				•
CITY-ST-ZIP	BOCA RATON FL 33432					ADDRESS		
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FLORIDA DEPARTMENT OF STATE

Katherine Harris

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 impowered 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 an other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

☐ DELETE

☐ Change

☐ Addition