## 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 #
1. Corporation Name

P97000044451 (7)

GRAU, INC.

## **FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1320 SE 4TH AVE 1320 SE 4TH AVE POMPANO BEACH FL POMPANO BEACH FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/16/1997 2. Principal Place of Business 2a. Mailing Address Applied For 75 3366 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution 3060 Country Country 8. This corporation owes or has paid the current year Intangible 33060 Yes Yes 25 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GRAU, SANDRA K 1320 SE 4TH AVE Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL. 83 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. .... DELETE 1.1 TITLE Change TITLE GRAU, PEDRO J 12 NAME NAME 1320 SE 4TH AVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE GRAU, SANDRA K NAME 2.2 NAME 1320 SE 4TH AVE STREET ADDRESS 2.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 4.1 TITLE 4, 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-ZIP 4.4 CITY-ST-ZIP \_\_ DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition T)TLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

TISHOUTUSANDRA KGRAY SIGNATURE:

1/6/98 946-7173