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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700056688

1, Corporation Name

GRANT RETAIL CORPORATION

	e of Business	Mailing Address					
6000 UNIVERSA	AL BLVE	109 NORTH ORLANDO AVEN	ŧUE				
STE 745-D		COCOA BEACH FL 32931					
ORLANDO FL 3	2819	U\$			DO NOT WRITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
US ·		•			3. Date Incorporated or Qualifed		
					06/26/1997		
2. Principal P	lace of Business	2a. Mailing Address	1 Klud	_	4. FEI Number	Ap	plied For
21		26 Orlando FL	328	<u>,</u>	59-3465032	No	t Applicable
21 - Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22	g.	27		-	5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Re
23		28		Trust Fund Contribution	Added t		
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	
⊢ `	25	<u> </u>	30		Personal Property Tax.	∏Yes	□No
24	9. Name and Address of Current	<u> </u>	501		10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81	Name	ID. Hame and Addition of New Hogisteres	rigoni	
1 EAG	SUIDE ENWARD C		"	Maino ,			
LEASURE, EDWARD C 109 NORTH ORLANDO AVENUE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		·
			L				•
COCOA BEACH FL 32931			83				44.1
			٠,	0.1	· · · · · · · · · · · · · · · · · · ·	85 Zip (- Codo
		······································	84	City	FL	85 Zip 0	5008
11. Pursuant	to the provisions of Sections 607 0502	and 607,1508. Florida Statutes	s. the above	-named corp	oration submits this statement for the purpose of	changing its	registered
office or o	egistered agent, or both, in the State o	f Florida. Such change was aut	thorized by	the corporation	on's board of directors. I hereby accept the appoi	ntment as re	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statutes	•			
SIGNATURE					id when reinstation) DATE		
	Signature, typed or printed name of registered agent			t signature require		ID DIRECTO	DC IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
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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 export as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, occur an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TAPEN ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR