

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

FILED
Apr 29 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 # 1. Corporation Name
P97000098560
GET A GRIP, INC.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--------------------|---------------------|--------------------|---|--------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified NOV. 17, 1997 | |
| 21 | 2125 W. AMELIA ST. | 26 | 2125 W. AMELIA ST. | 4. FEI Number | P97000098560 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 23 | ORLANDO FL | 28 | ORLANDO FL | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24 | 32805 | 25 | USA | 29 | 32805 |
| | Country | | Country | 30 | USA |

| | | | | | | | |
|---|--|--|--|--|--|----|----------------------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 | Name MARTIN FANN | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 2125 W. AMELIA ST. | | |
| | | | | 83 | | | |
| | | | | 84 | City ORLANDO | 85 | Zip Code FL 32805 |

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------|---------------------------------|--|---|--|--|--|
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARGARET FANN | | | 1.2 NAME | | | |
| STREET ADDRESS | 2125 W. AMELIA ST. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32805 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | THOMAS FANN | | | 2.2 NAME | | | |
| STREET ADDRESS | 2125 W. AMELIA ST. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32805 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SECRETARY/TREAS. | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MARTIN FANN | | | 3.2 NAME | | | |
| STREET ADDRESS | 2125 W. AMELIA ST. | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32805 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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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 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.

SIGNATURE: MARTIN FANN SEC/TREAS. 4-28-98 407-422-6854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (10/97)