PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED 00 MAY -1 PM 1:45

·· corporado	MENT # P97000 GRIP, INC.	098560				SECRETARY OF STATE TALLIANASSEE, FUORIDA.	1	
Principal Plac	e of Business .	Mailing Address				†		
1125 WEST AN DRIANDO FL : JS		2125 WEST AMELIA STREET ORLANDO FL 32805 US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 11/17/1997		
_ '	tace of Business	2a. Mailing Address			,	4. FEI Number 59-348 41 48 Applied F	or	
1		26				APPLIED FOR Not Applic		
Suite, Apt.	#, etc	Suite, Apt. #, etc.				\$8.75 Addition		
City & Stat		City & State			 			
J]		28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zlp	Cour	ntry		This corporation owes the current year thrangible		
1	25		30			Personal Property Tax. Yes No		
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New Registered Agent		
FANN, MARTIN D								
2125 WEST AMELIA STREET ORLANDO FL 32805				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
				83				
			F	84	City	85 Zip Code		
					-	FL Section FL Section FL FL Section FL Section FL FL Section FL Sectio		
office or r	egistared agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autions of, Section 607.0505, Flori	thorized da Statu	by th	he corporation	n's board of directors. I hereby accept the appointment as registered	-	
12.	Signature, typed or printed name of registered agent OFFICERS AN		Registered /	Agent 1	militarius tedimined	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
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AME	FANN, MARGARET L	25 WEST AMELIA STREET 135		12 NAME F/		ANN, MARTIN D.		
TREET ADDRESS						125 WEST AMELIA STREET		
TY-ST-ZIP	ORLANDO FL 32805					RLANDO FL 32805		
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1. 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 cettly 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, with all other like empowered.

6.4 CITY-ST-ZIP

63 STREET ADDRESS

REET ADDRESS

FY-ST-ZIP