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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101664

1. Corporation Name

FR GRANT CONSULTING, INC.

Principal Place of Business

Mailing Address

May 01, 1999 8:00 am Secretary of State

05-01-1999 90081 045 ***150.00



	-				
1500 EAST HAWTHRONE CIRCLE HOLLYWOOD FL 33021	1500 EAST HAWTHRONE CIRCLE HOLLYWOOD FL 33021		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed 12/03/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Appli	ied For	
ज	26		65-0802083 Not A	Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired \$8.75 Add Fee Requ		
(2)	City & State				
City & State	28		6. Election Campaign Financing S5.00 M Trust Fund Contribution Added to		
Zip Country	Zip Co	ountry	8. This corporation owes the current year Intangible Personal Property Tax.	No	
9. Name and Address of Curre		Τ'	10. Name and Address of New Registered Agent		
GRANT, FREDERICK R		81 Name			
1500 E HAWTHORNE CIR		82 Street Addre	ss (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021		83			
		84 City .	FL 85 Zip Co	de	
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes, the	above-named corporation	oration submits this statement for the purpose of changing its ren's board of directors. I hereby accept the appointment as regis	gistered stered	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	ANOTE D	naistaned Agant pigophyra roa	uired when reinstating) DATE)
7/				S IN 12
12.	OFFICERS AND DIRECTORS	13.		
TITLE	PSTD DELETE	1.1 TITLE	☐ Change	Addition
NAME	GRANT, FREDERICK R	1.2 NAME		1
STREET ADDRESS	1500 EAST HAWTHRONE CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Marie Company	
TITLE	DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	· .	3.4. CITY-ST-ZIP		
TITLE	· DELETE	4.1 TITLE	☐ Change	Addition
NAME	Committee of the Commit	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	Change	Addition
NAME		5.2 NAME	•	
STREET ADDRESS	·	5.3 STREET ADDRESS		-
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	. DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME .		6.2 NAME	•	
STREET ADDRESS		6.3 STREET ADDRESS		
CITY+ST-ZIP		6.4 CITY-ST-ZIP	The state of the s	

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 of 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 or an attaction with an address, with all other like empowered.

SIGNATURE: