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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P97000101716**1. Corporation Name

R. K. GRENFELL & ASSOCIATES, INC.

Principal Place of Business Mailing Address			Address					Aith Imbyl abill as	III <b>galu</b> i (l <b>u</b> ki (	B	
11592 167TH PLACE N. JUPITER FL 33478		11592 167TH PLACE N. JUPITER FL 33478			į	« است	OO NOT WRIT	re in This	SPACE		
					•	3.	Date Incorporate 12/01/1997	d or Qualifed			-
<u> </u>	In a f Duniana	2- Mail	ling Address				FEI Number			And	plied For
	lace of Business	<del></del>	ing Address			1	65-0800621				t Applicable
21 Suite Ant	# ata	26     Suit	te, Apt. #, etc.			-				\$8.75 A	
Suite, Apt. #, etc.		<u> </u>	27			5.	Certifcate of Stat	us Desired .		Fee Re	
City & State			City & State			- 6	Election Campaig	n Financino		\$5.00	May Be
23	•	28				<b>"</b>	Trust Fund Contr	_		Added to	
Zip	Country	Zip		Country	,	8.	This corporation	owes the curr	ent year Int	angible	•
24	25	29		30		"	Personal Propert		•		□No
2	9. Name and Address of Curr		d Agent			10.	Name and Addr	ess of New F	Registered	Agent	
				. 81	Name						Ì
	NFELL, ROBERT K			82	Street	Address (P	P.O. Box Number	is Not Accepta	ble)		
11592 167TH PLACE N.				-	000.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
JUPI	TER FL 33478			83							j
				84	City		<u>.</u> .			85 Zip C	Code
								•	FL	•     <u>                                </u>	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.15	508, Florida Statut	es, the abov	e-named	l corporation poration's bo	n submits this stat pard of directors. I	ement for the hereby accer	purpose or at the appoi	changing its	gistered
office or re	paietered agent or both in the Sta	STE OF FIORITIES ST	uch change was a		tne corb						
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	igations of, Sec	uch change was a tion 607.0505, Flo	rida Statutes	tne corp s.		0.000.000.000				
office or re agent. I ar SIGNATURE	m familiar with, and accept the obli	igations of, Sec	tion 607.0505, Flo	rida Statutes	š.	_					
office or re agent. I ar SIGNATURE	m familiar with, and accept the obling signature, typed or printed name of registered.	igations of, Sec	cable. (NOTE	rida Statutes Registered Age	š.	required when r	reinstating)	-	DATE		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:**