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 # **P97000102251**1. Corporation Name

GRKP, INC.

Principal Place	e of Business	Mailing Address				
2221 LEE ROAD		2221 LEE ROAD				
SUITE #28		SUITE #28				
WINTER PARK FL 32789		WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE		
us		US		3. Date Incorporated or Qualifed		
				12/04/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		olied For
21		26		59-3482408	J L	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22	÷	27		3. Dertificate of Otatus position	Fee Red	quired
City & State	•	City & State		6. Election Campaign Financing	\$5.00 (May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 30		Personal Property Tax.		□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Register	∌d Agent	
			81 Name			
LECCESE, SALVADOR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
2221 LEE ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
SUITE #28			83			
WINTER PARK FL 32789						
'''''	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84 City	F	85 Zip C	ode
	60 (607.0500	d CO7 4500. Florido Statutos	the chave named core	oration submits this statement for the purpose	_ , ,	registered
office or n	egistered agent, or both, in the State of	Florida. Such change was auth	iorized by the corporation	on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.			
SIGNATURE				d when reinstation) DATE		
			gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 12
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	□ ØELETE	1.1 TITLE			
NAME	LECCESE, SALVADOR F		1.2 NAME			
STREET ADDRESS	2221 LEE ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		1,4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME	DELGUIDICE, CHRISTOPHER F		2.2 NAME			,
STREET ADDRESS	1101 N LAKE DESTINY DRIVE S	UITE 400	2.3 STREET ADDRESS		•	i
CITY-ST-ZIP	MAITLAND FL 32751		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	31 TITLE		Change	Addition
NAME			3.2 NAME			
)			3.3 STREET ADDRESS			,
STREET ADDRESS			3.4. CITY-ST-ZIP			
CITY-ST-ZIP		DELETE	4.1 TITLE		Change	☐ Addition
TITLE					_ •	_
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE		change	

14. I hereby certify that the information supplied with this filling 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.

5.2 NAME 5 3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90266 009 ***150.00

Addition