

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 # P98000020245

1. Corporation Name
GRANITE CAPITAL CORPORATION

Principal Place of Business
712 U.S. HIGHWAY ONE
THIRD FLOOR
NORTH PALM BEACH FL 33408

Mailing Address
712 U.S. HIGHWAY ONE
THIRD FLOOR
NORTH PALM BEACH FL 33408

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 018 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

65-0821398

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 824 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

22 THIRD FLOOR

City & State

23 NORTH PALM BEACH, FL

Zip

24 33408

Country

2a. Mailing Address

26 824 U.S. HIGHWAY ONE

Suite, Apt. #, etc.

27 THIRD FLOOR

City & State

28 NORTH PALM BEACH, FL

Zip

29 33408

Country

30

9. Name and Address of Current Registered Agent

LANE, MATTHEW J
712 U.S. HIGHWAY ONE
THIRD FLOOR
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

824 U.S. HIGHWAY ONE

83

THIRD FLOOR

84

CITY NORTH PALM BEACH

FL

85 Zip Code

33408

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SIMOES, RANDALL S
STREET ADDRESS 712 U.S. HIGHWAY ONE - THIRD FLOOR
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 824 U.S. HIGHWAY ONE - THIRD FLOOR
1.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99

561/622-6000

CR2E034 (11/98)

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