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 # P98000056262

1. Corporation Name

GRIDSLINGER, INC.

Principal Place of Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90122 006 ***150.00



6315 SOUTHWEST 24TH STREET MIRAMAR FL 33023		6315 SOUTHWEST 24TH STREET MIRAMAR FL 33023				DO NOT WR	ITE IN THIS	SPACE	
					1	e Incorporated or Qualifect			
Principal Place of Business 2a. Mailing Address						Number			Applied For
21		26			6	5-0847637	· ·		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 . Cer	tifcate of Status Desired		•	Additional Required
City & State		City & State			- 1	ction Campaign Financing st Fund Contribution			May Be d to Fees
Zip	Country	Zip				s corporation owes the cur	rent vear int	anofble	
24	4 25 29			•	1	sonal Property Tax.	,	Yes	□No
24 25 29 3 9. Name and Address of Current Registered Agent					10. Nai	me and Address of New	Registered	Agent	
			81 Name	Carcar	LY RUIZ				
AMERILAWYER				82 Street	GREGOR Address (BO)		table)		
343 ALMERIA AVENUE				Si Si eei	3/3 S.	Box Number is Not Accept Str	rect		
CORAL GABLES FL 33134				83					
								Teel 7:	
				84 City	RAMAR	?	FL	85 Zi	3023
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the at	ove-named	corporation sub	omits this statement for the	numose of	changing i	ts registered
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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
SIGNATURE :	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered	Agent signature	required when reinstal	ting)	. Ø DATË		 }
12.	OFFICERS AND		13.	<u> </u>	ADD	ITIONS/CHANGES TO OI	FFICERS AN	ND DIRECT	FORS IN 12
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NAME					}				ĺ
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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.