

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

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90042 039 \*\*\*150.00

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DOCUMENT # P98000067908

1. Corporation Name GRIFFIN-ORANGE NORTH, INC.

Principal Place of Business 1000 NORTH HIATUS ROAD PEMBROKE PINES FL 33026

Mailing Address 1000 NORTH HIATUS ROAD PEMBROKE PINES FL 33026



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/04/1998
4. FEI Number 65-0855356
5. Certificate of Status Desired
6. Election Campaign Financing
8. This corporation owes the current year Intangible Personal Property Tax.

2. Principal Place of Business
21. Suite, Apt. #, etc. #100
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. P.O. Box 8300
27. Suite, Apt. #, etc.
28. City & State Pembroke Pines, FL 33084
29. Zip
30. Country

9. Name and Address of Current Registered Agent
E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIRCLE SUITE 330
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81. Name
82. Street Address
83.
84. City
85. Zip Code

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] DATE [Date]

12. OFFICERS AND DIRECTORS
TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
PRESIDENT ADOLPH J. BERGER
VICE PRESIDENT HOWARD J. ZIMMERMAN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 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] DATE: 5/3/99

CR2E034 (1/198)