.ST IS \$550.00 Fig. 1011. HEROTE AT THE MAY

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P98000099081

GRUBCO, INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90005 030 \*\*\*150.00



Principal Place							
	of Business	Mailing Address					
7774 N.W. 70 WAY PARKLAND FL 33067		7774 N.W. 70 WAY Parkland FL 33067					
					DO NOT WRITE IN THIS :	SPACE	<del></del>
					3. Date Incorporated or Qualified 11/24/1998		
2 Principal Pl	ace of Business	2a. Malling Address		···	4. FEI Number	Ap	plied For
<b>→</b> ·		26			65-087-96/3	No	Applicable
21		Suite, Apt. #, etc.				\$8.75 ^	dditional
22	.,	27			5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	мау Ве
23		28			Trust Fund Contribution	Added t	o Fees
_ Zip	Country	Zip	Country	y	8. This corporation owes the current year Inta	ngible	
24	25		30		Personal Property Tax.	Yes	[]No
<del></del>	9. Name and Address of Curre		T		10. Name and Address of New Registered A	gent	
			81	Name			ì
SLAT	ER, JOYCE A ESQ.		_		ress (P.O. Box Number Is Not Acceptable)		
4300	n. University Drive		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUIT	E B-100		83	1			
LAUE	DERHILL FL 33351		L			T -1	
			84	City	FL	85 Zip (	ode
	40-6-70	02 and COT 4509 Florida States	e the abou	m-named corr	position submits this statement for the purpose of o	hanging its	registered
11. Pursuant	to the provisions of Sections 607.03 egistered agent, or both, in the Stati	of Florida. Such change was at	thorized by	the corporati	ion's board of directors. I hereby accept the appoin	tment as re	istered
agents I ar	m familiar with, and accept the oblig	ations of Section 607.0505. Flor	ida Statute:	<b>5</b> .			
agent. Fai							
SIGNATURE							{
SIGNATURE	Signature, typed or printed name of registered ag	ent and trie if applicable. (NOTE:	Registered Age		ed when relestating) DATE	_	RS IN 12
SIGNATURE	Signature, typed or printed name of registered against OFFICERS A	ent and title if applicable. (NOTE:	Registered Age			_	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or provided name of registered ag OFFICERS A	ent and trie if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	nt signature require	ed when relestating) DATE	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or provided name of registered as OFFICERS A PSD DUBACK, LOU	ent and title if applicable. (NOTE:	Registered Age 13, 1.1 TITLE 1.2 NAME	nnt signature require	ed when relestating) DATE	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PSD DUBACK, LOU 7774 N.W. 70 WAY	ent and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ont signature require	ed when relestating) DATE	DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PSD DUBACK, LOU 7774 N.W. 70 WAY PARKLAND FL 33067	ent and the if applicable. (NOTE: NO DIRECTORS	13, 1.1 TITLE 1.2 NAME 1.3 STREE	ont signature require	ed when relestating) DATE	OIRECTO	Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PSD DUBACK, LOU 7774 N.W. 70 WAY PARKLAND FL 33067	ent and title if applicable. (NOTE:	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE	IN SIGNATURE POQUING	ed when relestating) DATE	DIRECTO	RS IN 12 Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. Nysed or printed name of registered as OFFICERS A PSD DUBACK, LOU 7774 N.W. 70 WAY PARKLAND FL 33067 VTD ECHEVARRIA, WESLEY	ent and the if applicable. (NOTE: NO DIRECTORS	13, 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 22 NAME	ont signature require  ET ADDRESS  ST-ZIP	ed when relestating) DATE	OIRECTO	Addition
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regardered as it made under open, that I am a officer or director of the corporation or the receiver of trustee empowered to excurate this report as required by Chapter 607. Florida-Statutes, and that my name appears in Block 12 or Block 13 if changed as a attachment with an address, with all other like ampowered.