PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P98000105248

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90073 004 ***158.75

GRIFFBR	ight prope	rties inc.													
Principal Plac	e of Business		Ма	iling Address						#1 11 0 6 101 1011			11 4 111 6 118	(1611 1881
900 JOHNSON ST. 5900 JOHNSON ST. HOLLYWOOD FL 33021-5638									DO NO	OT WRIT	E IN THIS	SPACE			
									3. Date Inco	•	Qualifed				
2. Principal P	lace of Business		2a.	Mailing Addre	ess				4. FEI Numl	er	2			Appli	ed For
21			26						65-	0883	20:	<u> </u>		_	pplicable
Suite, Apt.	#, etc.			Suite, Apt. #,	, etc.				5. Certifcate	of Status De	sired	X.	\$8.7	5 Add Requ	
22			27	0'1 0 01-1-			_							· ·	
City & Stat	te			City & State					1	ampaign Fin d Contributio	_		\$5.0	JU Ma ed to i	
Zip		Country	28	Zip		Country	,			oration owes		nt vear Inta		,u (0 i	
24	25	Country	29	~	30	¬ ·				Property Tax		an your ma	Yes	X	No
24	حادثها والمستحد	Address of Curre		tered Agent		'	-		10. Name an	_ 		egistered A	gent		
						81	Name								
	IGHT, CHARLES	S J				82	Street	Addroc	s (P.O. Box N	ımber ic Not	Accentat	hle)			
5900	JOHNSON ST.					02	3000	Audies	55 (F.O. DOX 14	amber to Not	Acceptat	010)			
HOLL	YWOOD FL 33	021-5638				83			_						
						84	City						85 Z	ip Co	de
							•••					FL		•	
44 Dureuget	to the provisions	of Spetions 607 04)7 1508 Flori	da Statutes	the above	e-named	comor	ation submits :			Jui Dose oi i	nanging		gistered
11. Pursuant office or a agent. I a SIGNATURE		of Sections 607.05 or both, in the Stat and accept the oblic		$v_{J/J}$, ac	0	ryv	v		ctors. I hereb	by accept		manging tment as	regis	gistered itered
SIGNATURE		ted name of registered ag	gent and title if	applicable.	, ac	gistered Ager	ryv	v	when reinstating)		<u>.</u>	DATE			<u> </u>
SIGNATURE		nted name of registered as	gent and title if	applicable.	, ac	0	ryv	v	when reinstating)	s/CHANGES	<u>.</u>	DATE		TOR	<u> </u>
SIGNATURE	Signature, typed or prin	OFFICERS A	gent and title if	applicable.	(NOTE: Re	gistered Ager	ryv	v	when reinstating)		<u>.</u>	DATE	D DIREC	TOR	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or print DIPRES ALBRIGHT, CH	OFFICERS A TREAS.	gent and title if	applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	ryv	v	when reinstating)		<u>.</u>	DATE	D DIREC	TOR	S IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or print D/PRES/ ALBRIGHT, CH 5900 JOHNSO	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicable.	(NOTE: Re	13. 1.1 TITLE 1.2 NAME	T ADORESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIREC	TOR:	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or print D/PRES/ ALBRIGHT, CH 5900 JOHNSO	OFFICERS A TREAS.	gent and title if	applicable. CTORS	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADORESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIREC	TOR:	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or print D/PRES/ ALBRIGHT, CH 5900 JOHNSO	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicable. CTORS	(NOTE: Re	gistered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE: 1.4 CITY-S	T ADORESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIREC	TOR:	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or prin DPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicable. CTORS	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADORESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIREC	TOR:	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or prin DPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicative. CTORS D	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	T ADORESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TORS	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or prin DPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicative. CTORS D	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADORESS	required w	when reinstating)	S/CHANGES	TO OFF	DATE	D DIREC	TORS	S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or prin DPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicative. CTORS D	(NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADORESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TORS	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DIPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicative. CTORS D	(NOTE: Re	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADORESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TORS	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	DIPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D D	(NOTE: Re	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TORS ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DIPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D D	(NOTE: Re	gistered Ager 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	T ADORESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TORS ge	S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	D/PRES/ ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D D	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADORESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TORS ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D/PRES/ ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D D	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.4 STREE 4.5 STREE 4.5 STREE 4.6 STREE 4.7 STREE 4.7 STREE 4.7 STREE 4.8 STREE 4.8 STREE 4.9 STREE 4.9 STREE 4.1 STREE 4.1 STREE 4.2 STREE 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TORS ge	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/PRES/ ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D	(NOTE: Re-	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.4 CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TOR:	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	D/PRES/ ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D	(NOTE: Re	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.4 STREE 4.5 STREE 4.5 STREE 4.6 STREE 4.7 STREE 4.7 STREE 4.7 STREE 4.8 STREE 4.8 STREE 4.9 STREE 4.9 STREE 4.1 STREE 4.1 STREE 4.2 STREE 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TOR:	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D PRES / ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D	(NOTE: Re-	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TOR:	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D PRES / ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicate CTORS D	(NOTE: Re-	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	TOR:	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRES / ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicative. CTORS D D	(NOTE: Re-	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	D DIRECTOR Change	ge ge ge	S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D PRES / ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicative. CTORS D D	(NOTE: Re-	gistered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.5 STREE 5.4 CITY-S 5.5 STREE 5.4 CITY-S 5.5 STREE 5.5 STREE 5.6 CITY-S 5.7 STREE 5.7 S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	DIREC Chang	ge ge ge	S IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIPRES ALBRIGHT, CH 5900 JOHNSO HOLLYWOOD	OFFICERS A TILE AS, IARLES J N ST.	gent and title if	applicative. CTORS D D	(NOTE: Re-	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required w	when reinstating) ADDITION	S/CHANGES	TO OFF	DATE	DIREC Chang	ge ge ge	S IN 12 Addition Addition Addition Addition

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:

954) 963 7555