

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S07745** (0)
1. Corporation Name
GRASSANO ASSOCIATES, INC.

Principal Place of Business 5816 NW 26TH CT BOCA RATON FL 33496-2228 US	Mailing Address 5816 NW 26TH CT BOCA RATON FL 33496-2228 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2410 NW 49th Lane Suite, Apt. #, etc. 22 City & State 23 Boca Raton, FL 24 Zip 33431 25 Country USA		2a. Mailing Address 26 2410 NW 49th Lane Suite, Apt. #, etc. 27 City & State 28 Boca Raton, FL 29 Zip 33431 30 Country USA		3. Date Incorporated or Qualified 10/23/1990	
				4. FEI Number 65-0229387 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent GRASSANO, ALAN R. 1515 N. FEDERAL HWY. SUITE 210 BOCA RATON FL 33433				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2410 NW 49th Lane 83 84 City Boca Raton FL 85 Zip Code 33431			
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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.

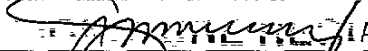
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D ☐ DELETE				1.1 TITLE ☒ Change ☐ Addition			
NAME GRASSANO, ALAN R.				1.2 NAME			
STREET ADDRESS 1515 N FEDERAL HWY, SUITE 218				1.3 STREET ADDRESS 2410 NW 49th Lane			
CITY-ST-ZIP BOCA RATON FL				1.4 CITY-ST-ZIP Boca Raton, FL 33431			
TITLE ☐ DELETE				2.1 TITLE ☐ Change ☐ Addition			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE ☐ DELETE				3.1 TITLE ☐ Change ☐ Addition			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE ☐ DELETE				4.1 TITLE ☐ Change ☐ Addition			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE ☐ DELETE				5.1 TITLE ☐ Change ☐ Addition			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE ☐ DELETE				6.1 TITLE ☐ Change ☐ Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:

 Alan R. Grassano

1/8/98 (561)395-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0326347

CR2E034 (10/97)