

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

FILED  
May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S10488 (2)  
1. Corporation Name  
GRAPE, INC.



Principal Place of Business  
7053 NW 3RD AVENUE  
BOCA RATON FL 33487

Mailing Address  
7053 NW 3RD AVENUE  
BOCA RATON FL 33487-2397

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1990		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0341944		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent C.E. PASSMORE 7053 NW 3 AVE BOCA RATON FL 33316				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				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, 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	PSD	<input type="checkbox"/> DELETE				1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PASSMORE, JAIMIE					1.2 NAME					
STREET ADDRESS	7053 NW 3RD AVENUE					1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL					1.4 CITY-ST-ZIP					
TITLE	VTD	<input type="checkbox"/> DELETE				2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MARCELLO, DONNA					2.2 NAME					
STREET ADDRESS	676 W. CAMINO REAL #A5 2760 Banyan Rd, #6A					2.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL					2.4 CITY-ST-ZIP					
TITLE	D	<input type="checkbox"/> DELETE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	PASSMORE, C.E.					3.2 NAME					
STREET ADDRESS	7053 NW 3RD AVE.					3.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL					3.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						4.2 NAME					
STREET ADDRESS						4.3 STREET ADDRESS					
CITY-ST-ZIP						4.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET ADDRESS					
CITY-ST-ZIP						5.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY-ST-ZIP						6.4 CITY-ST-ZIP					

14. I do 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: *Jaimie Passmore* 4/28/97 15019942454

CR2E034 (9/96)