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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # \$12977** 

(2)

## **FILED** May 11 1998 8:00am Secretary of State

1. Corporation Name					
GRANT	ON ASSOCIATES, INC.				
					HE HIGH BINN 91911 BINN BIRN DINK 1001
Principal Place of Business Mailing Address					
3475 PARKWAY CENTER COURT 3475 PARKWAY CENTER ORLANDO FL 32808 ORLANDO FL 32808			COURT		
ONLANDO PL	. 32800	ORLANDO FL 32808		DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				11/16/1990	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 764	Cricklewood Terr	26 3801 W. Lak	MARY Blvd	59-3038052	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc 27 # 119	, , , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	_	City & State		6. Election Campaign Financing	\$5.00 May Be
لين سے <del>ا</del> [ 23	throw IFL	28 Fe Lake	mary, FC	Trust Fund Contribution	Added to Fees
Zip	Country	Zip .	Country	8. This corporation owes or has p	aid the current year Intangible
24 327			30 US	Personal Property Tax due Jun	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
BLAIS, JACQUES 81 Name				Blais, Jacques	
3475 PARKWAY CENTER COURT			82 Street Address (P.O. Box Number is Not Acceptable)		
OR	LANDO FL 32808			164 Crickle woo	od Terr
l			83		
			84 City	0. [10.6]	85 Zip Code
dd Directors	to the contract of Contract CO7 01 00	d 007 d 00 Fla da Oral d		eathrow	FL   132746
11. Pursuant to the provisions of Sections 607 0:502 and 607 1:508. Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent on 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 femiliar with, and accept the obligations of, Section 607 0:505, Florida Statutes.					
agent. La	m <b>la</b> miliar with, and accept the obligati	ions of, Section 607.05 <b>0</b> 5, Flo	rida Statutos		
SIGNATURE	Signature, typed or pented mane of registered agent	and tall if any disable (NOT)	Registered Agent signature rec	a item to the project of the project	DATE
12.	OFFICERS AND		I 13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BLAIS, JACQUES		1.2 NAME		
STREET ADDRESS	3475 PARKWAY CENTER CT.		1.3 STREET ADDRESS	764 Cricklewood Ter	r
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Hrathrow, Flor	ida 32746
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		: 1
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	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 TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L.J DECEIL	5.2 NAME		CT Outside TT Monitori
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHTY-ST-ZIP					
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-\$T-ZIP			6 4 CITY-ST-ZIP		

14. Thereby 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 chapted, or on as officers.

407,144-0001