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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S60356 (0) GRAND OAKS PLAZA, INC.							;	948), 948), 356)
Principal Place of Business 5747 W IRLO BRONSON HWY KISSIMMEE FL 34746		5	Mailing Address 5747 W IRLO BRONSON HWY KISSIMMEE FL 34748-4747			I FROLIDIO TRO BITAT DELPE HIDO BITATO DITA	I BUBH BUBH BUBU BUBU	41641 01014 1881
						3. Date Incorporated or Qualified 06/14/1991	3a. Date of La 05/01/198	
2. Principal Place of Business Suite, Apt. #, etc City & State		20	2a. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number		Applied For
		26				eo 75		Not Applicable
		27				6. Certificate of Status Desired	7 -	Fee Required \$5.00 May Be
			City & State		6. Election Campaign Financing			
3	Country	28	Zip	Countr		Trust Fund Contribution		ded to Fees
Zıp 1	25	29	n `	30	у	This corporation has liability for Florida Statutes	intangible tax und Yes   No	ter s. 199.032,
9. Name and Address of Current Registered Agent						10. Name and Address of New Re		
JOSEPHS, DELROY				8	1 Name			
4301 WEST VINE STREET KISSIMMEE FL 34746				82	Street Add	fress (P.O. Box Number is Not Acceptat	ble)	
VIO	DIMMEE PL 34/40			8:	3			
					4-5		· · · · · · · · · · · · · · · · · · ·	
				84	4 City		FL  85	Zip Code
1. Pursuant office or agent 1	to the provisions of Section registered agent, or both, in am familiar with, and accep	ns 607.0502 and in the State of Flo of the obligations	607.1508, Florida Sta irida. Such change wa of, Section 607.0505,	itutes, the above as authorized b Florida Statute	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby acce		ing its registered it as registered
agent 1: SIGNATURE	am familiar with, and acceptions by the Styriatore, typed or punted name of	of the obligations	or, Section 607.0505,	Florida Statute	98.	poration submits this statement for the pation's board of directors. I hereby acce uired when reinstating)  ADDITIONS/CHANGES TO OFFICE	purpose of chang pt the appointmen	
agent II SIGNATURE. 2.	Signature, typed or punted name o	Of the Obligations Implified agent and ti	or, Section 607.0505,	FIORIDA STATUTO	98. gent signature requ	uired when reinstating)	purpose of chang pt the appointmen	TORS IN 12
agent 13 SIGNATURE 12. TITLE NAME	Signature, typed or punted name of OFF  D  JOSEPHS, DELROY  4204, W. MAIE STREET	of the obligations  Implement agent and the ICERS AND DIRE	or, Section 607.0505, ille il applicable. (N	NOTE: Registered Art 13.	98. geni signature requ	uired when reinstating)	purpose of chang pt the appointmen DATE CERS AND DIREC	TORS IN 12
agent 1: SIGNATURE.  2. THE IAME TREET ADDRESS	Signature, typed or punted name o OFF  D JOSEPHS, DELROY 4301 W. VINE STREE	of the obligations  Implement agent and the ICERS AND DIRE	or, Section 607.0505, ille il applicable. (N	NOTE: Registered As 13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature requirements for an appearance of the signature requirements for a signature requirement for	uired when reinstating)	purpose of chang pt the appointmen DATE CERS AND DIREC	TORS IN 12
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Secretary of State