

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90010 019 ***550.00

DOCUMENT # S62837

1. Corporation Name

GRAND HARBOR ASSOCIATES, INC.



Principal Place of Business

**13662 OFFICE PLACE
SUITE 201
WOODBIDGE VA 22192
US**

Mailing Address

**13662 OFFICE PLACE
SUITE 201
WOODBIDGE VA 22192
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1991

4. FEI Number

91-1542401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip Country

24 **25**

Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**HENN, PETER J PA
2095 GRAND HARBOR BLVD
VERO BEACH FL 32967**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE **PD** ☒ DELETE

NAME **PODBOY, EDWARD F**
STREET ADDRESS **13662 OFFICE PLACE, SUITE 201**
CITY-ST-ZIP **WOODBIDGE VA 22192**

TITLE **VST** ☐ DELETE

NAME **CAVOTO, ROBERT B**
STREET ADDRESS **13662 OFFICE PLACE, SUITE 201**
CITY-ST-ZIP **WOODBIDGE VA 22192**

TITLE **S** ☐ DELETE

NAME **HEHN, PETER J**
STREET ADDRESS **2095 GRAND HARBOR BLVD**
CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** ☒ DELETE

NAME **STORETVEDT, JAN PETTER**
STREET ADDRESS **BEDDINGEN 8**
CITY-ST-ZIP **N-0250 OSLO, NORWAY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert B Cavoto 3/24/99 (703) 680-2226

Date

Daytime Phone #

CR2E034 (11/98)