

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S87956

(6)

DIVISION OF CORPORATIONS

1. Corporation Name

GRAFELD ENTERPRISES, INC.

95 FEB -6 PM 2:14

Principal Place of Business

118 SOUTH WESTSHORE BLVD.
SUITE 180
TAMPA FL 33609

Mailing Address

118 SOUTH WESTSHORE BLVD.
SUITE 180
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1991

3a. Date of Last Report

03/21/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

26-2082956

Applied For

Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing

\$5.00 May Be

23. Lutz, FL

28. City & State

Trust Fund Contribution

Added to Fees

24. Zip

Country

29. Zip

Country

33549

Hillsborough

30. Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUSEFIELD, ROBERT W JR.
118 S. WESTSHORE, SUITE 180
TAMPA FL 33609

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 (if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HOUSEFIELD, ROBERT W JR.
STREET ADDRESS 118 S. WESTSHORE #180
CITY-ST-ZIP TAMPA FL 33609

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME HOUSEFIELD, SOPHIE G
STREET ADDRESS 118 S. WESTSHORE #180
CITY-ST-ZIP TAMPA FL 33609

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sophie G. Housefield
S. Housefield

02/01/95 (813) 975-1341