FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V21313** **(4)**

1. Corporation Name

GRAHL & ASSOCIATES INC.

Principal Place of Business	Mailing Address
3870 NORTHWEST 7TH AVENUE POMPANO BEACH FL 33064	3870 NORTHWEST 7TH AVENUE POMPANO BEACH FL 33064

3. Date Incorporated or Qualified: **03/13/1992**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0327513** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. Number
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. Number
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

GRAHL, BRAD J.
3870 NORTHWEST 7TH AVENUE
POMPANO BEACH FL 33064

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 Section 607.0502 Florida Statutes, the foreign profit corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I hereby certify that the corporation's Board of directors has authorized the change. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE _____ DATE _____

12. OFFICER/DIRECTOR

TITLE	DP
NAME	GRAHL, BRAD J
STREET ADDRESS	3870 NW 7TH AVE
CITY-ST-ZIP	POMPANO BCH FL

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	
1a. NAME	
1b. STREET ADDRESS	
1c. CITY-ST-ZIP	

☐ Change ☐ Addition

2. TITLE	
2a. NAME	
2b. STREET ADDRESS	
2c. CITY-ST-ZIP	

☐ Change ☐ Addition

3. TITLE	
3a. NAME	
3b. STREET ADDRESS	
3c. CITY-ST-ZIP	

☐ Change ☐ Addition

4. TITLE	
4a. NAME	
4b. STREET ADDRESS	
4c. CITY-ST-ZIP	

☐ Change ☐ Addition

5. TITLE	
5a. NAME	
5b. STREET ADDRESS	
5c. CITY-ST-ZIP	

☐ Change ☐ Addition

6. TITLE	
6a. NAME	
6b. STREET ADDRESS	
6c. CITY-ST-ZIP	

☐ Change ☐ Addition

14. I do hereby certify that this corporation is not required to file Florida corporate income/franchise tax returns and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 added to the report.

SIGNATURE: _____ 4-9-96 954-726-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)