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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V21313

(4)

GRAHL & ASSOCIATES INC.

FILED	
May 09 1997 8:00am	1
Secretary of State	

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Principal Plac	ce of Businoss	Mailing Address				I IADIA OLININ SIDON (SEOL TERAS 114		AII AIAN		161
3670 NORTHWEST 7TH AVENUE POMPANO BEACH FL 33064		3870 NORTHV POMPANO BE								
			1			3. Date Incorporated or Qualified 03/13/1992		te of Li 2/19	ast Ropori	l I
2. Principal f	Place of Business	2a. Mailing A	ddross			4. FEI Number	4. FEI Number App			d For
21		26				65-0327513 Not Applica				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Additi	
22	la .	27 City P Ct							e Require	
City & State	ι θ	1 ·	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees			
Zip	Country			Country	,	Trust Fund Contribution 8. This corporation has liability for	<u>=</u>			
24	25	29		30]	,		Thangible Yes			.032,
	g, Name and Address of Curi		nt	1301		10. Name and Address of New Ro				
GRA	AHL, BRAD J.		/	81	Name				e	
	O NORTHWEST 7TH AVENUE			82	Circot	Address (P.O. Box Number is Not Accepta	(Ja)			
	MPANO BEACH FL 33064			62	Stiedt y	Address (F.O. Box (Aumber is not Accepta	Die)			
				83						
								12=1	Zip Code	
				84	City		FL	85	zip Code	
SIGNATURE	Signature, typed or printed name of registered	ve	(NO)		ent signature	required when reinstating)	DATE			
12.		AND DIRECTORS	1 60 616	113.	т	ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	DP Grahl, Brad J	L.	DELETE	1.1 THLE				Cha	arge [_]	Addition
NAME OVER ARRESS	3870 NW 7TH AVE			1.2 NAME	11000000					
STREET ADDRESS	POMPANO BCH FL			1	I ADDRESS					
CITY-ST-ZIP TITLE	TOWN ALTO DOTT L		DELETE	2.1 TITLE	51-211			☐ Cha	nge [7	Addition
NAME		<u></u>	,	2.2 NAME	- 1					, 100,11-2-
STREET ADDRESS				2.3 STREET	LADDRESS					
CITY-ST-ZIP				2. 4 CITY-						
TITLE		Ţ.	DELETE	3.1 THEF				Cha	inge []	Addition
NAME	1			3.2 NAME	i					
STREET ADDRESS				3.3 STREE	I ADDRESS					
CITY-ST-ZIP				34. CITY -	\$1-2IP					
TITLE		L] DELETE	4.1 Till LF				L Cha	inge [_]	Addition
NAME				4. 2 NAME						
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP			1 DELETE	4.4 CHY-1	ST-ZIP			Chá	2000	Addition
TITLE		L.	DELETE	5.1 TITLE	ļ			L_J UNA	⊪i¥e [_]	Addition
NAME CYDEET ADODESC				5.2 NAME	LADDOTCC					
STREET ADDRESS				5.3 BTREE	ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 LHY-3 6.1 MILE	or ZII.			☐ Cha	inge [7	Addition
NAME		<u> </u>		62 NAME	j				J- L -√	
STREET ADDRESS					I ADDRESS					
CITY-ST-ZIP				6.4 CITY-5	- 1					
44 1 4 1 4 4 4	. I	41 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -				(-1C) 0(110 07/0V/) Fit-13 01			41 1 41	

4. I do 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.

SIGNATURE BAND TO CARL

5-1-80

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