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Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V32850 (2)

1. Corporation Name: GRIVNA ENTERPRISES, INC.



Principal Place of Business: P. O. BOX 15595 N/A TAMPA FL 33614 US  
Mailing Address: P. O. BOX 15595 N/A TAMPA FL 33684-5595 US

3. Date Incorporated or Qualified: 04/29/1992  
3a. Date of Last Report: 05/31/1996  
4. FEI Number: 59-3123757  
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 #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 Suite, Apt #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent: GRIVNA, FRANCENE L 4518 W IDLEWILD AVE TAMPA FL 33623-8114

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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: *Francene L. Grivna* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS  
P GRIVNA, FRANCENE L. 4518 W. IDLEWILD AVE. TAMPA FL 33614-5438  
V GRIVNA, BRADLEY M. 7927 A LANDMARK TERR TAMPA FL  
ST GRIVNA, STEPHEN E. 4518 W. IDLEWILD AVE. TAMPA FL 33614-5438

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE; 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

14. 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: *Francene L. Grivna* FRANCENE L GRIVNA 03/05/97

CR2E034 (9/96)