

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

FILED

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 # **V39315** (9)  
1. Corporation Name  
**GRAY MOBIL, INC.**



Principal Place of Business Mailing Address  
**340 SOUTH COUNTY ROAD** **340 SOUTH COUNTY ROAD**  
**PALM BEACH FL 33480** **PALM BEACH FL 33480-4457**

3. Date Incorporated or Qualified **05/28/1992** 3a. Date of Last Report **02/20/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0337468</b>	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	29	30	

9. Name and Address of Current Registered Agent

**BROBERG, GUSTAVE T JR**  
**223 PERUVIAN AVE**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name **Eric Mendelsohn, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**631 US HWY ONE, #308**  
83  
84 City **North Palm Beach FL** 85 Zip Code **33408**

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

*E. Mendelsohn*  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, RICHARD L</b>	1.2 NAME	
STREET ADDRESS	<b>340 S COUNTY ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAY, JOHN RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>340 S COUNTY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

*[Signature]*

*[Signature]*

CR2E034 (9/96)