Applied For

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

2a. Mailing Address

DOCUMENT # V52265

1. Corporation Name

GRANVILLE, INC.

Principal Place of Business 7350 S. TAMIAMI TR.

2. Principal Place of Business

SARASOTA FL 34231

#220

02-22-1999 90147 039 ***150.00

Mailing Address 7350 S. TAMIAMI TR. #220 DO NOT WRITE IN THIS SPACE SARASOTA FL 34231

3. Date incorporated or Qualifed

07/20/1992 4. FEI Number

21 8001	BOBCAT CIRCLE 26			65-0350613	No	t Applicable		
Suite, Apt.					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	City & State City & State			6. Election Campaign Financing		\$5.00	May Be	
23 SARASOTA FL 28				Trust Fund Contribution		Added to	o Fees	
Zip	Country				8. This corporation owes the current year In	tangible		
24 342	232 ₂₅ <i>US</i> ₂₉ ₃₁				Personal Property Tax.		₩No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
MESSICK, ESQ., ROBERT E C/O ICARD, MERRILL, ET AL. 2033 MAIN STREET, SUITE 600				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
Sarasota Fl 34237			84	84 City F1 85 Zi			Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						e l	registered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by t	-named corpo he corporation	oration submits this statement for the purpose on is board of directors. I hereby accept the appo	intment as reg	gistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Agent	signature required	when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13			· ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	ISAACS, BERNARD L	ļ	1.2 NAME					
STREET ADDRESS	7350 S. TAMIAMI TR.	ļ	1.3 STREET	ADORESS				
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-ST	ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	ISAACS, JANE S		2.2 NAME					
STREET ADDRESS	7350 S. TAMIAMI TR.		2.3 STREET	ADDRESS	·			
CITY-ST-ZIP	SARASOTA FL 34231	·	2. 4 CITY-S	r-ZIP				
TITLE			3.1 TITLE			Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREET	ADDRESS			-	
CITY-ST-ZIP			3.4. CITY- \$1	-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TITLE] _		☐ Change	☐ Addition	
NAME			5.2 NAME				•	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY- \$1	-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST	- ZIP		<u> </u>		

14. I 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, with all other like empowered.