FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 09 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6) G.R. TECHNOLOGIES (USA) INC. Mailing Address Principal Place of Business POST OFFICE BOX 19318 **5265 FAR OAK CIRCLE** BARASOTA FL 34238 SARASOTA FL 34276-2318 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/23/1992 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address FAR OAK CR 5265 65-0347796 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired SARASOTA Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing FLORIDA Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes No Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROSANZWEIG, GEORGE **5265 FAR OAK CIRCLE** SARASOTA FL 34238 83 84 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 Torida. 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 directors of, Section 607.0505, Florida Statutes. GETREL SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE 1.1 TITLE Change TITLE ROSENZWEIG, GEORGE 1.2 NAME NAME STREET ADORESS 5265 FAR OAK CIRCLE 1.3 STREET ADDRESS SARASOTA FL 34238 CITY-ST-78P 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE ROSENZWEIG. ROSE 22 NAME NAME **5265 FAR OAK CIRCLE** 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34238 2.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE

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 sm 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 open attachment with a address.

6.4 CITY-ST-ZIP

6.2 NAME **6.3 STREET ADDRESS**

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

G. ROSENZWET G

941-927-199