## 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** 

## DOCUMENT # V56831

1. Corporation Name

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90120 049 \*\*\*150.00

GRASS	ETC., INC.						
					L CHARLE AND AN ALTHOUGH THE MAN AND COME AND AND AND AND AND AND AND ADDRESS OF A STATE	INICALAN DIAN AKAN	RITII TIRII (RA)
Date 20 10 10 10 10 10 10 10 10 10 10 10 10 10	-(Part			<del></del>		<u> </u>	813)) BYBY 1887
Principal Place of Business Mailing Address					_		
2419 SW 4TH ST. 2419 SW 4TH ST. BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435							
DOTATION BEACH TE SONS				DO NOT WRITE IN THIS SPACE			
{					3. Date Incorporated or Qualifed		
Ĺ					08/06/1992		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ar	oplied For
21					65-0354978		ot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
22					<del></del>		equired
23					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Country Zip Country			8. This corporation owes the current year		10 1 662
24	25 . 29 30				Personal Property Tax.	Yes	□No
<del></del>	9. Name and Address of Curre	<del></del>	1		10. Name and Address of New Registe	red Agent	
			81	Name			
MCGLINNEN, JEFFERY			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
2419 SW 4TH ST.				Oligot Add			]
BOYNTON BEACH FL 33435			83				
}			84	City		85 Zip (	Code
L			- \ \ \ \			P <b>L</b>	}
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	-named con	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	e of changing its	registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statutes.	·	nors board of directors, thereby accept the a	pombnont da to	giatorou
SIGNATURE							
<del></del>	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F ND DIRECTORS		t signature requir	red when reinstating), DATI		NDO IN 40
12.	D OFFICERS A	DELETE	13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
NAME	MCGLINNEN, JEFFERY	٠ ،	1.2 NAME			Change	
STREET ADDRESS	2419 SW 4TH ST.		1,3 STREET	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST				j
TILE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	MCGLINNEN, SONJA		2.2 NAME				_
STREET ADDRESS	2419 SW 4TH ST.		2.3 STREET	ADDRESS			ļ l
CITY-ST-ZIP	BOYNTON BEACH FL	BEACH FL 2.		T-2)P			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME .		<del></del>	3.2 NAME			_	
STREET ADDRESS		~ _/	3.3 STREET ADDRESS			£~	
CITY-ST-ZIP			34, CITY-\$1	T-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	1		☐ Change	☐ Addition
NAME			5.2 NAME	ADDDEED	• •		\
STREET ADDRESS	,		5.3 STREET	t t			}
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST	- 611		☐ Change	Addition
NAME	•		6.2 NAME	1		□ outling	
STREET ADDRESS			6.3 STREET	ADDRESS			Ì
CITY-ST-ZIP			6.4 CITY-ST				1
				j			

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 repeives 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 of one an attack that I am an address, with all other like empowered.

SIGNATURE: \_