


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

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

03-17-1999 90120 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V56831					
1. Corporation Name GRASS ETC., INC.					
Principal Place of Business 2419 SW 4TH ST. BOYNTON BEACH FL 33435			Mailing Address 2419 SW 4TH ST. BOYNTON BEACH FL 33435		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0354978	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29	
9. Name and Address of Current Registered Agent MCGLINNEN, JEFFERY 2419 SW 4TH ST. BOYNTON BEACH FL 33435			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 FL		
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 _____ (NOTE: Registered Agent signature required when reinstating). DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
NAME MCGLINNEN, JEFFERY					
STREET ADDRESS 2419 SW 4TH ST.					
CITY-ST-ZIP BOYNTON BEACH FL					
1.2 TITLE <input type="checkbox"/> DELETE					
NAME MCGLINNEN, SONJA					
STREET ADDRESS 2419 SW 4TH ST.					
CITY-ST-ZIP BOYNTON BEACH FL					
1.3 TITLE <input type="checkbox"/> DELETE					
NAME _____					
STREET ADDRESS _____					
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1.4 TITLE <input type="checkbox"/> DELETE					
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1.5 TITLE <input type="checkbox"/> DELETE					
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1.18 TITLE <input type="checkbox"/> DELETE					
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CITY-ST-ZIP _____					
1.19 TITLE <input type="checkbox"/> DELETE					
NAME _____					
STREET ADDRESS _____					
CITY-ST-ZIP _____					
1.20 TITLE <input type="checkbox"/> DELETE					
NAME _____					
STREET ADDRESS _____					
CITY-ST-ZIP _____					

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOT REQUIRED

3-11-99 (561) 278-5356

Date

Daytime Phone #

CR2E034 (11/98)