**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

' Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V65684

1. Corporation Name

GRANSDEN, INC.

Principal Place of Business	
CDANCDEN INC	

GRANSDEN INC 4501 PINE CONE PLACE

Maiting Address

4501 PINE CONE PLACE COCOA FL 32926

## May 24, 1999 8:00 am Secretary of State

05-24-1999 90010 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CUCUA FL 329	20	US			55115		
US					<ol> <li>Date Incorporated or Qualifed</li> <li>09/22/1992</li> </ol>		
2 Principal Pt	ace of Business	2a. Mailing Address		<del></del>	4. FEI Number	- Applied F	or
<b>─</b> `	ace of pusiness	<del></del>			59-3151130	Not Appli	
21		26				8.75 Addition	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required	
City & State	9	City & State				55.00 May B Added to Fee	
Zip	Country	Zip	Countr		8. This corporation owes the current year Intangit		
24	25	<u> </u>	30	, 	Personal Property Tax.	∕es □No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Ager	<u>                                     </u>	
			81	Name			ļ
	NSDEN, RICHARD W		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
4385	S SENECA AVE.		04	Street Ad	ddress (P.O. Box Nulliber is Not Acceptable)		
COC	OA FL 32926		83	3			
			84	City	E1 88	Zip Code	
				<u> </u>	<b>FL</b>		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State on m familiar with, and accept the obligati	if Florida. Such change was aut	thorized by	/ the corpor	orporation submits this statement for the purpose of char ation's board of directors. I hereby accept the appointme	nt as registere	ereu ed
SIGNATURE	Signature, typed or printed name of registered agent				purad when reinstating) DATE		_
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	RECTORS IN	12
TITLE	PD	☐ DELETE	1.1 TITLE				Addition
ļ		<u></u>	1.2 NAME				Ì
NAME	GRANSDEN, RICHARD W.						
STREET ADDRESS	1000 02.100/171121		1.3 STREE	ET ADDRESS			
CITY-ST-ZIP	COCOA FL		1.4 CITY-	ST-ZIP		Channe	Addition
TITLE	<b>S</b>	DELETE	2.1 TITLE			Change 🔲 /	Addition
NAME	Gransden, Cheryl M.		2.2 NAME				
STREET ADDRESS	4385 SENECA AVENUE		2.3 STREE	ET ADDRESS			1
CITY-ST-ZIP	COCOA FL		2,4 CITY	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change 🔲 🗸	Addition
NAME			3.2 NAME	1			1
STREET ADDRESS			3.3 STREI	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change 🔲	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4,3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change 🔲 /	Addition
NAME			5.2 NAME	ì			}
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change 🗌	Addition
NAME			6.2 NAME				}
STREET ADDRESS			6.3 STRE	ETADDRESS			
CITY-ST-ZIP			6.4 CITY-				
14 I hereby o	certify that the information supplied with	h this filing does not qualify for	the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify the	nat the informa	ation

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 ar 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.