

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L21361 (5)**
1. Corporation Name
5,000 GRIFFIN, INC.



Principal Place of Business: **5000 GRIFFIN RD DAVIE FL 33314**
Mailing Address: **5000 GRIFFIN RD DAVIE FL 33314**

3. Date Incorporated or Qualified: **10/05/1989**
3a. Date of Last Report: **08/10/1995**
4. FEI Number: **65-0152778**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**HENDERSON, GLENN C. ESQ
4431 SW 64TH AVE
#119
DAVIE FL 33314**

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

Signature typed or printed name of registered agent (use title, if applicable)

Date Registered Agent's last inspection or re-inspection

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|----------------------------|---------------------------------|---|
| TITLE | <input type="checkbox"/> DELETE | 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD CHONG, RAY H. | 2. NAME |
| STREET ADDRESS | 9120 NW 38 ST | 3. STREET ADDRESS |
| CITY-ST-ZIP | HOLLYWOOD FL | 4. CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6. NAME |
| STREET ADDRESS | | 7. STREET ADDRESS |
| CITY-ST-ZIP | | 8. CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 10. NAME |
| STREET ADDRESS | | 11. STREET ADDRESS |
| CITY-ST-ZIP | | 12. CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 14. NAME |
| STREET ADDRESS | | 15. STREET ADDRESS |
| CITY-ST-ZIP | | 16. CITY-ST-ZIP |
| TITLE | <input type="checkbox"/> DELETE | 17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 18. NAME |
| STREET ADDRESS | | 19. STREET ADDRESS |
| CITY-ST-ZIP | | 20. CITY-ST-ZIP |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-ST-ZIP | |
| 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-ST-ZIP | |
| 9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-ST-ZIP | |
| 13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-ST-ZIP | |
| 17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray H. Chong
RAY H. CHONG

4/24/96 (305) 791-3889
DATE: 4/24/96 OFFICER'S PHONE #

CR2E034 (12/95)