FILE NOW: FILING FEE IS $61.25

FILED
Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000003928 (7)

1. Corporation Name
THE GROVE TREE-MAN TRUST, INC.

Principal Place of Business	Mailing Address
3141 MCDONALD ST COCONUT GROVE FL 33133	4200 SUNSHINE ROAD COCONUT GROVE FL 33133-6741 US

3. Date Incorporated or Qualified: 08/15/1995
3a. Date of Last Report: 07/22/1996

2. Principal Place of Business
21 4200 SUNSHINE RD
22 Suite, Apt. #, etc.
23 City & State: COCOANUT GROVE FL
24 Zip: 33133 25 Country: USA

2a. Mailing Address
26 P.O.BOX 1971
27 Suite, Apt. #, etc.
28 City & State: COCOANUT GROVE FL
29 Zip: 33233 30 Country: U.S.A.

4. FEI Number: 65-0611127 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

RIORDAN, JOHN J
3141 MCDONALD ST
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: MURRAY, DANIEL
82 Street Address (P.O. Box Number is Not Acceptable): 4200 SUNSHINE ROAD
83
84 City: COCOANUT GROVE FL 85 Zip Code: 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Daniel J Murray 11 FEB 97
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	MURRAY, DANIEL		1.2 NAME	MURRAY, DANIEL	
STREET ADDRESS	4200 SUNSHINE RD		1.3 STREET ADDRESS	4200 SUNSHINE RD	
CITY-ST-ZIP	COCONUT GROVE FL 33133		1.4 CITY-ST-ZIP	COCOANUT GROVE FL 33133-6741	
TITLE	D	☒ DELETE	2.1 TITLE	D/T	☐ Change ☒ Addition
NAME	GOLDSTEIN, MICHAEL J		2.2 NAME	CLIFF, NANCY	
STREET ADDRESS	3200 MIAMI CENTER, 201 S BISCAYNE		2.3 STREET ADDRESS	2238 S W 27 TERRACE	
CITY-ST-ZIP	MIAMI FL 33131-2312		2.4 CITY-ST-ZIP	COCOANUT GROVE FL 33133	
TITLE	D	☐ DELETE	3.1 TITLE	D/V	☒ Change ☐ Addition
NAME	NELSON, JOYCE		3.2 NAME	NELSON, JOYCE	
STREET ADDRESS	2535 INAGUA		3.3 STREET ADDRESS	2535 INAGUA	
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4 CITY-ST-ZIP	COCOANUT GROVE FL 33133	
TITLE	D	☒ DELETE	4.1 TITLE	D/S	☐ Change ☒ Addition
NAME	RIORDAN, JOHN J		4.2 NAME	GLADSTONE, NATALIE	
STREET ADDRESS	3141 MCDONALD ST		4.3 STREET ADDRESS	2785 TIGERTAIL #106	
CITY-ST-ZIP	COCONUT GROVE FL 33133		4.4 CITY-ST-ZIP	COCOANUT GROVE FL 33133	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel J Murray DANIEL J. MURRAY 11FEB97 (305)668-0659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028920