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PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

NEAL GROVES COMPANY, INC.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 11767 S DIXIE HWY 11767 S DIXIE HWY #145 SUITE 145 MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE LIS 3. Date Incorporated or Qualified 01/15/1958 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-6066820 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Country 24 25 29 30 Personal Property Tax due June 30, 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ZAHARAKO, DOROTHY 11767 S DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) SUITE 145 83 **MIAMI FL 33156** Zip Code 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE TITLE 1.1 TITLE Change Addition NAME FLETCHER, HOWARD 1.2 NAME STREET ADDRESS 370 LINCOLN STREET 1.3 STREET ADDRESS LEXINGTON MA CiTY - ST - ZIP 1.4 CITY - ST - ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition FLETCHER, MARY BETH NAME 2.2 NAME 370 LINCOLN STREET STREET ADDRESS 2.3 STREET ADDRESS LEXINGTON MA CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME ZAHARAKO, DOROTHY 3.2 NAME 11767 S DIXIE HWY #145 STREET ADDRESS 3.3 STREET ADDRESS C(TY-ST-ZIP MIAMI FL 3.4. CITY - ST - 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 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

14. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

brothip Baharone RED

1/1/98

(SOL) R2E034