

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **216027** (3)
1. Corporation Name
NAVAJO GROVES INC

Principal Place of Business 2496 S.KINGS HWY. FT PIERCE FL 34945	Mailing Address 2496 S.KINGS HWY. FT PIERCE FL 34945
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/03/1958	
4. FEI Number 59-6066807		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WOLF, WILLIAM L. 2496 S KINGS HWY FORT PIERCE FL 34945				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	NOELKE, JOSEPH H	1.2 NAME	
STREET ADDRESS	1300 HARTMAN RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	FORGET, LOUIS C	2.2 NAME	
STREET ADDRESS	7887 OKEECHOBEE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	STD WOLF, WILLIAM L	3.2 NAME	
STREET ADDRESS	2496 S KINGS HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	D NOELKE, OMER J.	4.2 NAME	
STREET ADDRESS	4853 ORANGE AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	D DRISCOLL, DOROTHY G.	5.2 NAME	
STREET ADDRESS	1011 GRANDVIEW BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FORT PIERCE FL	5.4 CITY - ST - ZIP	
TITLE	NAME	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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Wolf 20 Jan 98 561-461-3108

CR2E034 (10/97)