


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

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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90259 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 216651

1. Corporation Name
REBS GROVES, INC.

Principal Place of Business
P.O. BOX 1990
9751 OKEECHOBEE ROAD
FT. PIERCE FL 34954

Mailing Address
P.O. BOX 1990
9751 OKEECHOBEE ROAD
FT. PIERCE FL 34954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 12459 Suite, Apt. #, etc. 22 9751 OKEECHOBEE RD City & State 23 FT. PIERCE, FLA. Zip 24 34979		2a. Mailing Address 26 P.O. Box 12459 Suite, Apt. #, etc. 27 9751 OKEECHOBEE RD City & State 28 FT. PIERCE, FLA. Zip 29 34979		3. Date Incorporated or Qualified 10/25/1958	
				4. FEI Number 59-6070007	
				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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent DUNN, HOWARD W. 9751 OKEECHOBEE ROAD P.O. BOX 1990 FT. PIERCE FL 34954				10. Name and Address of Registered Agent 81 Name DUNN, HOWARD W. 82 Street Address (P.O. Box Number is Not Acceptable) 9751 OKEECHOBEE RD 83 P.O. Box 12459 84 City FT. PIERCE, FLA. FL 85 Zip Code 34979	

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		
TITLE	PT <input type="checkbox"/> DELETE	
NAME	DUNN, HOWARD W.	
STREET ADDRESS	9751 OKEECHOBEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VS <input type="checkbox"/> DELETE	
NAME	DUNN, SANDRA M.	
STREET ADDRESS	9751 OKEECHOBEE ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Howard W. Dunn 4-25-99 461-1379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)