

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

FILED
Jan 29 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 # 218441 (4)

1. Corporation Name
STEED GROVES, INC.



Principal Place of Business POST OFFICE BOX 700056 ST. CLOUD FL 34770	Mailing Address POST OFFICE BOX 700056 ST. CLOUD FL 34770
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1958	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-0845420	Applied For <input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

STEVEN R. BECHTEL/MATEER & HARBERT
225 E. ROBINSON ST. STE 600
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLATT, KATHERINE S	1.2 NAME	
STREET ADDRESS	7 OLD HUNT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, ALICE S.	2.2 NAME	Urban, Alice S.
STREET ADDRESS	1614 PEPPERIDGE DR.	2.3 STREET ADDRESS	931 Ventura Avenue
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32804
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEED, JOSEPH B	3.2 NAME	Steed, Joseph B.
STREET ADDRESS	5000 E IRLO BRONSON HIGH	3.3 STREET ADDRESS	22010 N. O'Brien Road
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	Howey, FL 34737
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEED, WILLIAM J., JR.	4.2 NAME	Steed, William J., Jr.
STREET ADDRESS	890 OSCEOLA #204	4.3 STREET ADDRESS	727 Quail Run
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	Greenville, SC 29605-5315
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHTEL, STEVEN	5.2 NAME	
STREET ADDRESS	225 E. ROBINSON	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Steven R. Bechtel*

(407) 425-9044

CR2E034 (10/97)