

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # 234489 (3)

1. Corporation Name
ACOSTA GROVES, INC.

Principal Place of Business
KENNETH F MURRAH
P O BOX 1328 - 800 W. MORSE BLVD.
WINTER PARK FL 32789

Mailing Address
KENNETH F MURRAH
P O BOX 1328 - 800 W. MORSE BLVD.
WINTER PARK FL 32789-3787

3. Date Incorporated or Qualified 03/18/1980	3a. Date of Last Report 07/01/1996
4. FEI Number 59-3800000	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

MURRAH, KENNETH F
PO BOX 1328, 800 W MORSE BLVD.
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	ROCKEFELLER, GODFREY A	1.2 NAME	
STREET ADDRESS	1127 VISTA DEL MAR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEL RAY BCH. FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	BLAIR, PETER H JR	2.2 NAME	
STREET ADDRESS	2303 EAST ALAMEDA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER, CO 00000	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	ROCKEFELLER, GODFREY A.	3.2 NAME	
STREET ADDRESS	41 BASKIN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	MURRAH, KENNETH F	4.2 NAME	
STREET ADDRESS	800 W MORSE BLVD, SUITE 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SPENCER, CAROLINE R.	5.2 NAME	
STREET ADDRESS	P.O. BOX 155, NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWCREEK MT	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0074073

CR2E034 (9/96)