

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

FILED

Jul 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **236640** (9)
1. Corporation Name
MACK'S GROVES, INC.

Principal Place of Business
**1180 NORTH FEDERAL HIGHWAY
POMPAHO BEACH FL 33062-4322**

Mailing Address
**1180 NORTH FEDERAL HIGHWAY
POMPAHO BEACH FL 33062-4322**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/18/1960		3a. Date of Last Report 02/06/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0910433		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MASSINGILL, JOHN V. 1180 N. FEDERAL HWY. 100 DANIA BEACH BOULEVARD- POMPAHO BEACH FL 33062				81 Name MASSINGILL, JOAN V.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 Remove: 100 DANIA BEACH BLVD			
				84 City FL 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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VRANA, EDWARD J			1.2 NAME			
STREET ADDRESS	4405 N. OCEAN DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			1.4 CITY-ST-ZIP			
TITLE	ATD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VRANA, EVA F			2.2 NAME			
STREET ADDRESS	4405 N. OCEAN DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSINGILL, JOAN VRANA			3.2 NAME			
STREET ADDRESS	2731 NE 10 STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	POMPAHO BEACH, FL 00000			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VAN MIDDLELM, ERIC			4.2 NAME	VAN MIDDELEM, ERIC		
STREET ADDRESS	1180 N. FEDERAL HWY.			4.3 STREET ADDRESS			
CITY-ST-ZIP	POMPAHO BEACH FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHESHER, DARLA VRANA			5.2 NAME	VPD		
STREET ADDRESS	227 CORSAIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAUDERDALE-BY-SEA FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSINGILL, JERRY			6.2 NAME			
STREET ADDRESS	2731 NE 10 STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	POMPAHO BCH. FL			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]* Eric B. Middlem 7-8-97 (954) 944-11528

CR2E034 (9/96)