


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90091 010 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|---|--|
| DOCUMENT #244861 1. Corporation Name W & W GROVES COMPANY, INC | | | |
| Principal Place of Business C/O JEFF WEBMAN 6625 SANTONA CORAL GABLES FL 33146 US | | Mailing Address C/O JEFF WEBMAN 6625 SANTONA CORAL GABLES FL 33146 US | |
| 2. Principal Place of Business 21 360 GOLF BROOK CIRCLE Suite, Apt. #, etc. 22 APT 104 City & State 23 LONGWOOD, FL Zip 24 32779 | | 2a. Mailing Address 26 360 GOLF BROOK CIRCLE Suite, Apt. #, etc. 27 APT 104 City & State 28 LONGWOOD, FL Zip 29 32779 | |
| 9. Name and Address of Current Registered Agent JEFFREY L. WEBMAN 6625 SANTONA ST CORAL GABLES FL 33146 | | 10. Name and Address of New Registered Agent 81 Name JEFFREY L. WEBMAN 82 Street Address (P.O. Box Number is Not Acceptable) 360 GOLF BROOK CIRCLE # 104 83 84 City LONGWOOD FL 85 Zip Code 32779 | |
| 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 PD <input type="checkbox"/> DELETE NAME WEBMAN, HAROLD STREET ADDRESS 720 CORAL WAY #13E CITY-ST-ZIP CORAL GABLES FL | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| TITLE VD <input type="checkbox"/> DELETE NAME WEBMAN, JEFF STREET ADDRESS 360 GOLF BROOK CIR #104 CITY-ST-ZIP LONGWOOD FL 32779 | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: Jeff Webman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

407-772-1228

Daytime Phone #

CR2E034 (11/98)