


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

FILED

May 08 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 # **253838**

(7)

1. Corporation Name
SPACE GROVES, INC.



Principal Place of Business 120 SOUTH DILLARD STREET P.O. BOX 770218 WINTER GARDEN FL 34777 US	Mailing Address 120 SOUTH DILLARD STREET P.O. BOX 770218 WINTER GARDEN FL 34777-0218 US
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3. Date Incorporated or Qualified 12/08/1961	3a. Date of Last Report 04/26/1996
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2. Principal Place of Business	2a. Mailing Address
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21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	28 Zip
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24 Country	29 Country
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4. FEI Number 59-0997114	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for ir. angible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**DUPPENTHALER, D E
120 SOUTH DILLARD STREET
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

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

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	VD	<input type="checkbox"/> DELETE
NAME	ROPER, BERT E	
STREET ADDRESS	120 S DILLARD STREET	
CITY - ST - ZIP	WINTER GARDEN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PURDY, DOUGLAS C	
STREET ADDRESS	120 S DILLARD STREET	
CITY - ST - ZIP	WINTER GRDNS, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, GORDON	
STREET ADDRESS	120 S DILLARD ST	
CITY - ST - ZIP	WINTER GRDNS, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DUPPENTHALER D E	
STREET ADDRESS	120 S DILLARD STREET	
CITY - ST - ZIP	WINTER GRDNS, FL 00000	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	JACOBS, JOHN JR.	
STREET ADDRESS	120 S DILLARD STREET	
CITY - ST - ZIP	WINTER GRDNS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BANDINI, ALFRED	
STREET ADDRESS	120 S DILLARD ST	
CITY - ST - ZIP	WINTER GARDEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Purdy, Douglas C.	
1.3 STREET ADDRESS	120 S. Dillard Street	
1.4 CITY - ST - ZIP	Winter Garden FL 34787	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas, Gordon	
2.3 STREET ADDRESS	120 S. Dillard Street	
2.4 CITY - ST - ZIP	Winter Garden, FL 34787	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Duppenthaler D E	
3.3 STREET ADDRESS	120 S. Dillard Street	
3.4 CITY - ST - ZIP	Winter Garden FL 34787	
4.1 TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jacobs, John Jr.	
4.3 STREET ADDRESS	120 S. Dillard Street	
4.4 CITY - ST - ZIP	Winter Garden, FL 34787	
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 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: *R. Duppenthaler* D.E.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/28/97 Daytime Phone #: 407-656-3233

CR2E034 (9/96)

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