

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 254794 (1)
1. Corporation Name
FORT PIERCE GROVE, INC.



Principal Place of Business Mailing Address
14 WEST POINT DRIVE 14 WEST POINT DRIVE
COCOA BEACH FL 32931 COCOA BEACH FL 32931

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

3. Date Incorporated or Qualified 01/10/1962 3a. Date of Last Report 01/20/1995
4. FEI Number 59-0980586 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FEUER, GUS
5600 COLLINS AVE #4R
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name BROWN, JOEL EUGENE
82 Street Address (P.O. Box Number is Not Acceptable) 14 WEST POINT DR
83 COCOA BEACH, FL
84 City 85 Zip Code 32931

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 JOEL EUGENE BROWN PRES. FEUER RESIGNED 1-10-96
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BROWN, JOEL EUGENE	
STREET ADDRESS	14 WEST POINT DR	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FEUER, GUS	
STREET ADDRESS	5600 COLLINS AVE #4R	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, E.A.	
STREET ADDRESS	19200 BOBOLINK DR	
CITY - ST - ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BROWN, THEODORA N.	
STREET ADDRESS	14 WEST POINT DRIVE	
CITY - ST - ZIP	COCOA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REEDER, RUTH	
STREET ADDRESS	525 NE 93RD ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD, SD
4.3 STREET ADDRESS	BROWN, THEODORA N
4.4 CITY - ST - ZIP	14 WEST POINT DRIVE
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COCOA BEACH, FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: JOEL EUGENE BROWN 1-10-96 407-784-1316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)