

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

FILED

Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 290835 (8)

1. Corporation Name:  
EARRING POINT GROVES, INC.



Principal Place of Business

1 EARRING POINT  
ORCHID ISLAND  
VERO BEACH FL 32963

Mailing Address

1 EARRING POINT  
ORCHID ISLAND  
VERO BEACH FL 32963-4103

3. Date Incorporated or Qualified 03/11/1965	3a. Date of Last Report 03/22/1996
4. FEI Number 59-1105032	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 type="checkbox"/> No	

2. Principal Place of Business

21. 1  
Suite, Apt. #, etc.

22. City & State

23. Zip Country  
24. 32970 25. USA

2a. Mailing Address

26. PO Box 68  
Suite, Apt. #, etc.

27. City & State

28. Wabasso FL  
29. 32970 30. USA

9. Name and Address of Current Registered Agent

MICHAEL, GORDON A  
2655 69TH ST  
VERO BEACH FL 32967

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 of officer, director, or registered agent and if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DENBY, W W	
STREET ADDRESS	5 HOUGH STR	
CITY-ST-ZIP	CARLINVILLE IL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MICHAEL, JOE W.	
STREET ADDRESS	ONE EARRING POINT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MICHAEL-NEELY, BURKE	
STREET ADDRESS	TWO EARRING POINT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MICHAEL, GORDON A	
STREET ADDRESS	2655 69TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DST
2.3 STREET ADDRESS	Michael, Joe W.
2.4 CITY-ST-ZIP	One Earring Pt Vero Beach, FL 32963
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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:

Burke Michael Neely

Burke Michael Neely

3/4/97

561-389-1860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0106844

CR2E034 (9/96)