

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

FILED  
Mar 14 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 # 315551 (2)  
1. Corporation Name  
GUTWEIN GROVES, INC.



Principal Place of Business 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935	Mailing Address 823 FT. THOMPSON AVE. P. O. BOX 158 LABELLE FL 33935-5120
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/06/1967 3a. Date of Last Report 04/08/1996 4. FEI Number 59-1165549 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
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9. Name and Address of Current Registered Agent BEER, VICTOR 823 FT THOMPSON AVENUE LABELLE FL 33935	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
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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 reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEER, VICTOR	1.2 NAME	
STREET ADDRESS	823 FT THOMPSON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTWEIN, EDWIN	2.2 NAME	
STREET ADDRESS	823 FT THOMPSON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDEMAN, WENDELL	3.2 NAME	
STREET ADDRESS	823 FT THOMPSON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LABELLE FL	3.4 CITY-ST-ZIP	
TITLE	Sec. Treasurer	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDNEY LEMAN	4.2 NAME	
STREET ADDRESS	Box 662-Violet Dr. #15	4.3 STREET ADDRESS	
CITY-ST-ZIP	Francesville, In. 47946	4.4 CITY-ST-ZIP	
TITLE	ASST. Secretary	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Bear	5.2 NAME	
STREET ADDRESS	823 FT. Thompson Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	Labelle, FL. 33935	5.4 CITY-ST-ZIP	
TITLE	Pres.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Bear	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 3/11/97

CR2E034 (9/96)