

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 506507 (3)  
1. Corporation Name  
HARVEST GROVES, INC.



Principal Place of Business  
P.O. BOX 10,000  
ATTN: LEGAL DEPARTMENT  
LAKE BUEN VISTA FL 32830  
US

Mailing Address  
500 SOUTH BUEN VISTA STREET  
BURBANK CA 91521-0586  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1375 Buena Vista Drive	25	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	4th Floor North	27	
City & State		City & State	
23	Lake Buena Vista, FL	28	
Zip	Country	Zip	Country
24	32830	25	USA
29		30	

3. Date Incorporated or Qualified 07/01/1976	
4. FEI Number 59-1677721	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
IOPPOLO, FRANK S. 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA FL 32830		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 state if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JUDSON C.	12 NAME	
STREET ADDRESS	500 SOUTH BUENA VISTA ST	13 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	14 CITY-ST-ZIP	91521
TITLE	VT	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, FARRIS E.	22 NAME	
STREET ADDRESS	1375 BUENA VISTA DR 4 NO	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	24 CITY-ST-ZIP	32830
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOPPOLO, FRANK S	32 NAME	
STREET ADDRESS	1375 BUENA VISTA DR 4 NO	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	34 CITY-ST-ZIP	
TITLE	ASD	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, MARSHA L.	42 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	43 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	44 CITY-ST-ZIP	91521
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITVACK, SANFORD M	52 NAME	
STREET ADDRESS	500 S BUENA VISTA ST	53 STREET ADDRESS	
CITY-ST-ZIP	BURBANK CA	54 CITY-ST-ZIP	91521
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

CR2E034 (10/97)