

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. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 506507 (3)

1. Corporation Name
HARVEST GROVES, INC.



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 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 |
|---|--|

| | |
|---|---------------------------------------|
| 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 | |

| | |
|----------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 1375 Buena Vista Drive | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 4th Floor North | 27 |
| City & State | City & State |
| 23 Lake Buena Vista, FL | 28 |
| Zip | Country |
| 24 32830 | 25 USA |
| 29 | 30 |

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S.
 1375 BUENA VISTA DRIVE
 4TH FLOOR NORTH
 LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| | FL |

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

| | | |
|----------------|----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GREEN, JUDSON C. | |
| STREET ADDRESS | 500 SOUTH BUENA VISTA ST | |
| CITY-ST-ZIP | BURBANK CA | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | CARPENTER, FARRIS E. | |
| STREET ADDRESS | 1375 BUENA VISTA DR 4 NO | |
| CITY-ST-ZIP | LAKE BUENA VISTA FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | IOPPOLO, FRANK S | |
| STREET ADDRESS | 1375 BUENA VISTA DR 4 NO | |
| CITY-ST-ZIP | LAKE BUENA VISTA FL 32830 | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | REED, MARSHA L. | |
| STREET ADDRESS | 500 S BUENA VISTA ST | |
| CITY-ST-ZIP | BURBANK CA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LITVACK, SANFORD M | |
| STREET ADDRESS | 500 S BUENA VISTA ST | |
| CITY-ST-ZIP | BURBANK CA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | 91521 |
| 21 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | 32830 |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | 91521 |
| 51 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | 91521 |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 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 _____ DATE **11-2-98** (918) 550-1000

CR2E034 (10/97)