

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 AUG -4 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 548635 (2)
1. Corporation Name
JERANE GROVES, INC.

Principal Place of Business
2550 TEMPLE DRIVE
WINTER PARK FL 32789

Mailing Address
2550 TEMPLE DRIVE
WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/06/1977	3a. Date of Last Report 03/19/1996
4. FEI Number 59-1770197	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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

KATZ, LAWRENCE H
341 N. MAITLAND AVE
MAITLAND FL 32751

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T80 JERANE, HELEN R <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2550 TEMPLE DR	1.2 NAME	
STREET ADDRESS	WINTER PARK FL	1.3 STREET ADDRESS	500002262295--0
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-08/08/97--01134--003
TITLE	PD JERANE, LEE <input type="checkbox"/> DELETE	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2550 TEMPLE DR	2.2 NAME	
STREET ADDRESS	WINTER PARK FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (4/97)

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548635

Winter Park, Florida
July 16, 1997

Florida Department of State
Sandra B. Mortham
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Mrs. Mortham:

This past Monday, July 14th., I received a late filing form for our Sub-Chapter S corporation, Jerane Groves Inc. This is the first time in the twenty years that I have been filing these reports that I did not receive the filing form in late March or early April. Yesterday I checked with the Franklin, North Carolina Post Office, thinking that the report form may have been forwarded to a business address that I have there. I was told that no mail has arrived there in the last eight months. I have no explanation as to what happened, but I do know that several important pieces of mail, including a contract on land that I had sold were ~~lost~~ about April 1st.

I did telephone your office late this afternoon and was directed to mail a check for the regular filing fee of \$165 and also direct your attention to what has transpired. Under normal circumstances I probably would have noticed the absence of the filing form myself, but I have been settling my mother's estate since her death last April and have also had to deal with the deaths of two other close relatives with whom I have been in business.

I appreciate your consideration of the above circumstances. If this is unsatisfactory or if more information is needed, please contact me at (407) 644-8213.

Sincerely
Lee F. Jerane
Lee F. Jerane