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

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**PROFIT** Feb 13 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (4) **GROVE ISLANDS ESTATES, INC.** Principal Place of Business Mailing Address % MURRAY MANTELL % MURRAY MANTELL 9015 SW 78TH COURT 9015 SW 78TH COURT MIAMI FL 33156 MIAMI FL 33156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1978 2. Principal Place of Business 4. FEI Number 28. Mailing Address Applied For 59-1787983 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 6. This corporation owes or has paid the current year Intangible V Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MANTELL, MURRAY I. 9015SW 78TH COURT Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33156 83 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Regulered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE TITLE 1.1 TITLE Change Addition MANTELL, MURRAY I. NAME 1.2 NAME 9015 SW 78TH COURT STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-71P 14 CITY-ST-ZIP DELETE ☐ Addition TITLE 21 TITLE NAME MANTELL, ROSE T. 22 NAME 9015 SW 78TH COURT STREET ADDRESS 23 STREET ADDRESS MIAMI FL CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Addition NAME 32 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TIBLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 supplicmental 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 13 if changed, or on an attachment with an address

2/0/02

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