


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

1997 FEB -5 AM 9: 49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996 <i>att</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortfiam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>568970</b> (8)		
1. Corporation Name <b>GROVE PARK FACILITIES, INC.</b>		

Principal Place of Business <b>5490 N.W. 4TH ST.                  MIAMI FL 33126-4912</b>	Mailing Address <b>5490 N.W. 4TH ST.                  MIAMI FL 33126-4912</b>
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2. Principal Place of Business 21 <b>5490 N.W. 4TH ST.                  MIAMI FL 33126-4912</b>		2a. Mailing Address 26 <b>6400 Hollywood Blvd</b>		3. Date Incorporated or Qualified <b>04/20/1978</b>		3a. Date of Last Report <b>09/25/1995</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>59-1826659</b>		Applied For Not Applicable	
City & State 23		City & State <b>Hollywood, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip 24		Zip <b>33024</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Country 25		Country <b>Broward</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**BOYD, ADONIS L.  
 6400 HOLLYWOOD BLVD  
 HOLLYWOOD FL 33024**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 607.0502, Florida Statutes.

SIGNATURE: **Adonis L. Boyd** *Adonis L. Boyd* DATE: **Feb. 4, 1997**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	STANFILL JR, STEVE L	
STREET ADDRESS	10545 S DIXIE HWY	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOYD, ADONIS	
STREET ADDRESS	6400 HOLLYWOOD BLVD	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALIS, EDWARD	
STREET ADDRESS	2505 N DIXIE HWY	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LOWERY, JERRY	
STREET ADDRESS	7140 ABBOTT AVENUE	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	COATES, DONALD R.	
STREET ADDRESS	5490 N.W. 4 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 \*\*\*\$48.75 \*\*\*\$48.75

**REINSTATEMENT** *2/6/97*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Adonis L. Boyd* DATE: **Jan 24-97** DAYTIME PHONE #: **954-983-6400**

Signature and typed or printed name of signing officer or director

CR2E034 (3/96)