

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1996 *att*



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

APPROVED
AND
FILED

1997 FEB -5 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 568970 (8)

1. Corporation Name

GROVE PARK FACILITIES, INC.

Principal Place of Business

Mailing Address

5490 N.W. 4TH ST.
MIAMI FL 33126-4912

5490 N.W. 4TH ST.
MIAMI FL 33126-4912

3. Date Incorporated or Qualified

04/20/1978

3a. Date of Last Report

09/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6400 Hollywood Blvd

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

27 City & State

24 Zip

Country

28 Hollywood, FL

25 Zip

Country

29 33024 30 Broward

4. FEI Number

59-1826659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD, ADONIS L.
6400 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

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 607.0502, Florida Statutes.

SIGNATURE

Adonis L. Boyd

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb. 4, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME STANFILL JR, STEVE L
STREET ADDRESS 10545 S DIXIE HWY
CITY - ST - ZIP MIAMI, FL 00000

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

100002081131-1-0
-02/07/97--01020--007
*****548.75 *****548.75

TITLE T
NAME BOYD, ADONIS
STREET ADDRESS 6400 HOLLYWOOD BLVD
CITY - ST - ZIP HOLLYWOOD, FL 00000

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE S
NAME KALIS, EDWARD
STREET ADDRESS 2505 N DIXIE HWY
CITY - ST - ZIP FT LAUDERDALE, FL 00000

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE C
NAME LOWERY, JERRY
STREET ADDRESS 7140 ABBOTT AVENUE
CITY - ST - ZIP MIAMI BEACH FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE P
NAME COATES, DONALD R.
STREET ADDRESS 5490 N.W. 4 STREET
CITY - ST - ZIP MIAMI FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 24-97

954-983-6400