

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

FILED
Feb 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 674821 (4)
1. Corporation Name

OLIVENBAUM GROVES, INC.

Principal Place of Business 9046 S HWY 561 CLERMONT FL 34711 US	Mailing Address 10933 BRONSON ROAD CLERMONT FL 34711-8852
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3. Date Incorporated or Qualified 06/24/1980	3a. Date of Last Report 01/18/96
4. FEI Number 59-2011495	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

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

OLIVENBAUM, AXEL F.
10933 BRONSON RD
CLERMONT, FL 34711

10. Name and Address of New Registered Agent

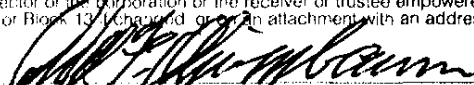
81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OLIVENBAUM, AXEL F	1.2 NAME	
STREET ADDRESS	10933 BRONSON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711	1.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	2.1 TITLE	28 Change ☐ Addition
NAME	OLIVENBAUM, ENID A	2.2 NAME	
STREET ADDRESS	9246 S. LAKE SHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711 ☒ DELETE	2.4 CITY-ST-ZIP	
TITLE	SD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRADDOCK, ANNA DOROTHY	3.2 NAME	
STREET ADDRESS	301 MAIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEOLA, FL 34755 ☐ DELETE	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 (changed) or in an attachment with an address.

SIGNATURE:  2/14/97 (352) 394-4328
Axel F. Olivenbaum, Pres.

CR2E034 (9/96)