


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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 691669 (6)

1. Corporation Name
NOEL GROVES, INC.

Principal Place of Business 1300 HARTMAN RD. FT PIERCE FL 34947	Mailing Address 1300 HARTMAN RD. FT PIERCE FL 34947
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DO NOT WRITE IN THIS SPACE

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	Country
24	Country	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified 06/17/1981	
4. FEI Number 59-2402909	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**NOELKE, DENNIS J
 1300 HARTMAN RD
 FT PIERCE FL 34947**

10. Name and Address of New Registered Agent

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

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAIRD, KATHRYN N	
STREET ADDRESS	2491 OVERLOOK WAY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOELKE, JOSEPH H	
STREET ADDRESS	1300 HARTMAN RD	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NOELKE, DENNIS J	
STREET ADDRESS	1650 BELL AVE.	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BECHT, BEVERLY N.	
STREET ADDRESS	4485 LAKE IVANHOE DR.	
CITY-ST-ZIP	TUCKER GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOELKE, CHARLES J	
STREET ADDRESS	2307 RUTHWYNN DR	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NOELKE, JOSEPH H JR.	
STREET ADDRESS	2504 GRAY TWIG LANE	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2871 Hawthorne DR NE
1.4 CITY-ST-ZIP	Atlanta GA 30345
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	PO Box 7801 "N/A"
5.4 CITY-ST-ZIP	Wilmington DE 19803-7801
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:  Secretary 21 Jan 98 561 461-2560

CFR2E034 (10/97)