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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

	'S GROVES, INC.				
Principal Place of Business Mailing Address					**** #**** #(#1) #*#** #\$##? \$##!
1328 S FEDERAL HWY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified 04/23/1981	· · · · · · · · · · · · · · · · · · ·
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2103751	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7 _{IP}	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the operational Property Tax due June 30. 	ves No
29	g. Name and Address of Curre		1301	10. Name and Address of New Registere	
W	AKE, ANNETTE M		81 Name		
1328 S FEDERAL HWY HOLLYWOOD FL 33020			82 Street Ar		
i			63		
			84 City	F-	85 Zip Code
dd Discount	to the medicine of Continue COZ DE	DO and CO7 1500 Florida Cta	that the should named a	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	
SIGNATURE	Signature, typod or printed name of registered in OFFICERS A	gent and title if applicable (ND DIRECTORS	NOTE: Registered Agent eignature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WAKE, ANNETTE M		1.2 NAME		
STREET ADDRESS	1328 S FEDERAL HWY HOLLYWOOD FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLTWOOD PL	DELETE	1.4 CITY+ST-ZIP 2.1 TITLE		Change Addition
TITLE NAME	i		2.2 NAME		C Cuange C Maderial
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-S1-ZIP		Change Addition
TITLE		☐ Dett16	4.1 TITLE		LI CHANGE LI ADDITION
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-71P			4.4 CITY+ST-ZIP		
TITLE	 	DELETE	S.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS	}		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	l		6.3 STREET ADDRESS		

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 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 13 if chapted, or on an attachment with an addynes.

FILED

Mar 12 1998 8:00am

Secretary of State