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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73000

(4)

MJM GROVES, INC.

V

FILE	D
Jan 28 1998	8:00am
Secretary	of State



DOX NOT WRITE IN THIS SPACE						_{	<u> </u>	
BOCA RATON FL 33498 US  SUB	Principal Place of Business Mailing Address							
US    Country   Zip   Zi								
2. Pirropal Place of Business   2a. Mailing Address   4. FER Number   Applied For   Not Applied For			DO NOT WRITE IN THIS SPACE					
2	03	00						
2. Principal Place of Business   2a. Multing Address   5.   4. FEI Number   5.   2.   2.   5.   5.   5.   2.   5.   5								
Suite, Apt. #, etc.  Suite, Ap	2 Principal Place of Business	2a. Maili	na Address				1	Applied For
Suite, Apt. F, elo 22	<u> </u>	<del> </del>	<del></del>			<del> </del>		
City & State   City & City & State   City & City & State   City &						_ \$8.72	<u> </u>	
City & State   City & State   City & State   City & State   Selection Compatign Financing   Addition Fores   Selection Compatign Financing   Addition Financing   Selection Fores   Selection Fo	<del></del>	27	<b>├</b> ── <b>,</b> ** * * * * * * * * * * * * * * * * *		5. Certificate of Status Desired			
20					6. Flection Campaign Financing \$5.00 May Re			
Zip   Country   Zip   Country   Zip   Country   S. This corporation rows on has paid the current year Inlancible Personal Property Tax due June 30   Text   See   No   No   No   No   No   No   No	<del>_</del> '	28	<b>⊢</b>			1		
Solution				ountry	r	8. This corporation owes or has pa		
Section Registered Agent   10, Name and Address of New Registered Agent   10, Name and Address of New Registered Agent   10003 BAL HARBOR DR BOCA RATON FL 33498   10003 BAL HARBOR DR BOCA RATON FL 33498   10003 BAL HARBOR DR BOCA RATON FL 33498   10003 BAL HARBOR DR BOCA RATON FL 34498   10003 BAL HARBOR DR BOCA RATON, FL 00000	24 25	29	30			1		
NUME NAME NAME NAME NAME NAME NAME NAME NA	g. Name and Ad	ddress of Current Registered	Agent			10. Name and Address of New Re	gistered Agent	
BOCA RATON FL 33498    Bat   City   FL   85   Zip Code	KLINE, LILLIAN	•		81	Name			
BOCA RATON FL 33498    Ba	10903 BAL HARBOR	r DR		82	Street Addre	es (P.O. Boy Number is Not Acceptal	nle)	
SIGNATURE   Synther, typed to private agree and sign agriculture   Signature				02	Street Addre	saa (F.O. Dox Number is Not Acceptat	),¢}	
T. 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 and marmillar with, and accept the obligations of, Section 607 050s, Florida Statutes.  SIGNATURE    Total				83				
T. 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 and marmillar with, and accept the obligations of, Section 607 050s, Florida Statutes.  SIGNATURE    Total				-			ler 1 7	n Code
SIGNATURE   Signature, typed for printed name of regolated agont and tills if applicables.   NOTE, Registered Agent signature required when retinating?)   DATE				84	City		FL 85 2	b code
SIGNATURE   Signature, typed for printed name of regolated agont and tills if applicables.   NOTE, Registered Agent signature required when retinating?)   DATE	11. Pursuant to the provisions of	Sections 607.0502 and 607.150	08, Florida Statutes, the	above	e-named corpo	oration submits this statement for the p	ourpose of changing	its registered
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D CHANGE  KLINE, JAYSON S  10903 BAL HARBOR DR  10903 BAL HARBOR DR  STREET ADDRESS  CITY-ST-2IP  TITLE  DP  CHANGE  KLINE, MARKE  10903 BAL HARBOR DR  STREET ADDRESS  CITY-ST-2IP  DP  DP  DP  DELETE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  12 NAME  12 NAME  12 NAME  13 STREET ADDRESS  CITY-ST-2IP  DO DELETE  21 TITLE  D Change Addition  Addition  RAME  STREET ADDRESS  CITY-ST-2IP  DP  CHANGE  STREET ADDRESS  CITY-ST-2IP  DP  DP  DP  DELETE  ADDRESS  BOCA RATON, FL 00000  DELETE  AS STREET ADDRESS  BOCA RATON, FL 00000  DELETE  AS STREET ADDRESS  CITY-ST-2IP  TITLE  D CHANGE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12  12 NAME  ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 12  ADDITIONS I	office or registered agent, or	both, in the State of Florida, Su	ich change was authori	ized by	the corporation	on's board of directors, I hereby accep	ot the appointment	as registered
12.		accept the obligations of, occur	1017 007 ,0000, 1 101100 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>.</b>			
TITLE	SIGNATUHE Signature, typed or printed	name of registered agent and title if applic	cable. (NOTE, Regist	ered Age	ent signature required	d when reinstating)	DATE	······································
NAME	12.	OFFICERS AND DIRECTORS	S 1	3.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECT	ORS IN 12
1.3 STREET ADDRESS   10903 BAL HARBOR DR   1.3 STREET ADDRESS   1.4 CITY - ST - ZIP	TITLE D		DELETE 1.	1 TITLE			Chang	e 🗌 Addition
CITY-ST-ZIP	NAME KLINE, JAYSO	NS	1.	2 NAME				;
DELETE   1.4 CITY-ST-ZIP   DOCA RATON FL   DELETE   2.1 TITLE   D   DELETE   2.1 TITLE   D   DELETE	STREET ADDRESS 10903 BAL HA	ARBOR DR	1.3	3 STREET	ADDRESS			
TITLE	DOCA DATOM	FL	1.	4 CITY - S	T-ZIP			
10903 BAL HARBOR DR							Chang	e Addition
CITY-ST-ZIP	NAME KLINE, MARKE	<b>:</b>	2.:	2 NAME				
CITY-ST-ZIP	STREET ADDRESS 10903 BAL HA	ARBOR DR	2.	3 STREET	ADDRESS			
DELETE   S.1 TITLE   Change   Addition	DOOM DATON	, FL 00000	<b>H</b>	8			سيبدا	-
STREET ADDRESS   10903 BAL HARBOR DR   3.3 STREET ADDRESS   BOCA RATON, FL 00000   3.4 CITY-ST-ZIP		<u> </u>					Chang	e 🔲 Addition
STREET ADDRESS   10903 BAL HARBOR DR   3.3 STREET ADDRESS   BOCA RATON, FL 00000   3.4 CITY-ST-ZIP	2/13/17 17/13/4	1	3.	2 NAME				
STREET ADDRESS   STRE	40000 BAL 116		3.	3 STREET	ADDRESS			
DELETE	DOCA DATON	, FL 00000	1		1			
NAME		·					☐ Chang	e Addition
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP   4.4 CITY-ST-ZIP   Change   Addition			4.	2 NAME				
A CITY - ST - ZIP					ADDRESS			
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY- ST- ZIP         CITY- ST- ZIP         CITY- ST- ZIP         CHANGE         Addition           NAME         6.2 NAME         CITY- ST- ZIP         CHANGE         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CITY- ST- ZIP								
NAME							Chang	e Addition
STREET ADDRESS   5.3 STREET ADDRESS   5.4 CITY - ST - ZIP   5.4 CITY - ST - ZIP   Change   Addition					ļ			
CITY - ST - ZIP				-	ADDRESS			
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								
NAME 6.2 NAME  STREET ADDRESS 6.3 STREET ADDRESS  CUTY - ST - ZIP 6.4 CUTY - ST - ZIP		- WANT			94 - ZIF		Chann	e Addition
STREET ADDRESS  6.3 STREET ADDRESS  CUTY - ST - ZIP  6.4 CUTY - ST - ZIP			_				and triang	
CITY-ST-ZIP					ADDOSCO			
CITY-ST-ZIP 6.4 CITY-ST-ZIP			• • •					
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	City-St-ZiP	nation supplied with this filing d	foes not qualify for the	4 CITY - S exemn	ition stated in S	Section 119.07(3)(i). Florida Statutes. I	further certify that t	he information

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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the received 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 for an adoption with an address.

CIONATURE.

I-16-98 Sb1-4771790