## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT  1996		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # 1. Corporation Name	F79399	(4)						
GROVE REALTY, INC.								
Principal Place of Business		Mailing Address 10650 SW 129 PL MIAMI FL 33176						
10850 SW 129 PL MIAMI FL 33176								
2. Principal Place of Business		a. Mailing Address						
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.						



	) PL 96	10850 SW 129 MIAMI FL 331				Date Incorporated or Qualified     04/22/1982	3a. Date o	f Last Re 02/199	•
2. Principal Plus	ce of Business	2a. Mailing Addi	ress			4. FEI Number			pplied For
1		26				59-2236239			lot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. 4	t, etc.			5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing			May Be
3		28				Trust Fund Contribution  8. This corporation has liability for			199 032
- Zφ Π	Country 25	Ζφ <b>29</b>	30	Country		Florida Statutes	No No	0.100-0	100.000,
4	9, Name and Address of Cur					10. Name and Address of New		gent	
	9, 114110			81	Name				
SCHILD,				82	Street Addr	ress (P.O. Box Number is Not Accepta	bl <del>e</del> )		
	ALISH AVE TEAD FL 33030			83					
HOMESI	LAD FL SOUN			84	City			85 Zıç	Code
					•	ration submits this statement for the pu	FL.		
SIGNATURE 5	signative operationed the authorities in OFFICERS	AND DIRECTORS	1	13.	signature require	d white numbers and a ADDITIONS/CHANGES TO OF			
TOLE	SD	□ DE	LETE 1	1 1 THILE				Change	Addition
NAMÉ	SCHILD, MARVIN		1	1.2 NAME					
		1. 10 C / CO H. L. C. W.	razio C.I. B.						
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STREET ADDRESS CHTY-ST-ZIP	4501 S. ATLANTIC AVE. NEW SMYRNA BCH., FL	32168		1 3 STHEET 1 4 CHTY - S 2 1 MTLF				Change	Addition
STREET ADDRESS CHY+S1-ZIP TITLE	4501 S. ATLANTIC AVE. NEW SMYRNA BCH., FL PD	716 € 208 H 2 € DE	LETE :	1.4 CHTY - S				Change	☐ Addition
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I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(8), Floring statutes. Further cert by that the information indicated on this annual report is ruped and accurate and that my signature shall have the same legal effect as if made under court, 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 a ray achiment with an address.

SIGNATURE: \_/

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR