

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

FILED
Mar 02 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 # F96000002700 (0)

1. Corporation Name

GROW AMERICA FUND, INC.

Principal Place of Business

51 EAST 42ND STREET, SUITE 300
NEW YORK NY 10017

Mailing Address

51 EAST 42ND STREET, SUITE 300
NEW YORK NY 10017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/30/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3641265	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STAFF, GEORGE 1153 SECOND AVENUE, S. TIERRA VERDE FL 33715				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, ROBERT W	1.2 NAME	
STREET ADDRESS	5 EAST 22ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010	1.4 CITY-ST-ZIP	
TITLE	PVC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINNEGAN, ANN M	2.2 NAME	
STREET ADDRESS	87 FAIRLAWN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LATHAM NY 12110	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKE, JOHN A	3.2 NAME	
STREET ADDRESS	2108 N. 39TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98103	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELAND, SARA L	4.2 NAME	
STREET ADDRESS	5 EAST 22ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUCCIO, MARY JO	5.2 NAME	
STREET ADDRESS	10809 DORIAL COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	UNION ISLAND KY 41091	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, BARRY J	6.2 NAME	
STREET ADDRESS	4201 AQUARIUS DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ 85718	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:

Robert W Davenport

2-20-98 (312) 682-1106

CR2E034 (10/97)