

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G31629 1. Corporation Name GROUSE MOOR, INC.	(0)
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Principal Place of Business 180 CROWN DRIVE C/O EARL L. FRYE NAPLES FL 33942 US	Mailing Address 180 CROWN DRIVE C/O EARL L. FRYE NAPLES FL 34110-5703 US
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2. Principal Place of Business 21 4975 Bonita Beach Road Suite, Apt. #, etc. 22 City & State 23 Bonita Springs, FL Zip 24 34134	2a. Mailing Address 26 4975 Bonita Beach Road Suite, Apt. #, etc. 27 City & State 28 Bonita Springs, FL Zip 29 34134
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3. Date Incorporated or Qualified 03/28/1983	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2292209	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRYE, EARL L. 180 CROWN DRIVE NAPLES FL 33942
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10. Name and Address of New Registered Agent 81 Name Earl L. Frye 82 Street Address (P.O. Box Number is Not Acceptable) 4975 Bonita Beach Road 83 84 City Bonita Springs,	85 Zip Code 34134
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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	DP	<input type="checkbox"/> DELETE
NAME	FRYE, EARL L.	
STREET ADDRESS	180 CROWN DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	DOWNING, WESLEY G	
STREET ADDRESS	180 CROWN DRIVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLECKER, ELIZABETH K.	
STREET ADDRESS	180 CROWN DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4975 Bonita Beach Road	
1.3 STREET ADDRESS	Bonita Springs, FL	
1.4 CITY-ST-ZIP	34134	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	4975 Bonita Beach Road	
2.3 STREET ADDRESS	Bonita Springs, FL	
2.4 CITY-ST-ZIP	34134	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4975 Bonita Beach Road	
3.3 STREET ADDRESS	Bonita Springs, FL	
3.4 CITY-ST-ZIP	34134	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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 in an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)