

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 25 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G43047** (1)

1. Corporation Name  
**GROZA'S, INC.**

Principal Place of Business: **2220 NE PINECREST LKS BLVD  
JENSEN BCH. FL 34957-5093**  
Mailing Address: **2220 NE PINECREST LKS BLVD  
JENSEN BCH. FL 34957-5093**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/10/1983**  
3a. Date of Last Report: **05/27/1994**  
4. FEI Number: **59-2453096**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
City & State: **27**  
City & State: **28**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROZA, JOHN A.  
2220 NE PINECREST LKS BLVD  
JENSEN BCH. FL 34957**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 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

|                |                                |
|----------------|--------------------------------|
| TITLE          | <b>D</b>                       |
| NAME           | <b>GROZA, ROSEMARY</b>         |
| STREET ADDRESS | <b>2220 NE PINECREST LAKES</b> |
| CITY-ST-ZIP    | <b>JENSEN BCH. FL</b>          |
| TITLE          | <b>DP</b>                      |
| NAME           | <b>GROZA, JOHN A</b>           |
| STREET ADDRESS | <b>2220 NE PINECREST LAKES</b> |
| CITY-ST-ZIP    | <b>JENSEN BCH. FL</b>          |
| TITLE          | <b>V</b>                       |
| NAME           | <b>GROZA, BRETT, A</b>         |
| STREET ADDRESS | <b>3002 COBBLESTONE CIR W</b>  |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>         |
| TITLE          | <b>S</b>                       |
| NAME           | <b>ANSARA, ROSEMARY</b>        |
| STREET ADDRESS | <b>2041 SE ALLAMANDA DR</b>    |
| CITY-ST-ZIP    | <b>PORT ST LUCIE FL</b>        |
| TITLE          | <b>S</b>                       |
| NAME           | <b>GROZA, PATRICIA, A</b>      |
| STREET ADDRESS | <b>2220 NE PINECREST LKS</b>   |
| CITY-ST-ZIP    | <b>JENSEN BEACH FL</b>         |
| TITLE          |                                |
| NAME           |                                |
| STREET ADDRESS |                                |
| CITY-ST-ZIP    |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS | <b>1013 S Hiwassee Rd #3636</b>  |
| 3.4 CITY-ST-ZIP    | <b>Orlando, FL 32835</b>   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 collector 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: **John A Groza** *John A Groza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/95** **334-8109**  
Date Office Number