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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G43047** (1)

1. Corporation Name
GROZA'S, INC.

Principal Place of Business	Mailing Address
2220 NE PINECREST LKS BLVD JENSEN BCH. FL 34957-5083	2220 NE PINECREST LKS BLVD JENSEN BCH. FL 34957-5083

3. Date Incorporated or Qualified: 06/10/1983
3a. Date of Last Report: 05/21/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 1104 NE Industrial B	Suite, Apt. #, etc. 27: 1104 NE Industrial B
City & State 23: Jensen Beach FL	City & State 28: Jensen Beach FL
Zip 24: 34957 Country 25: USA	Zip 29: 34957 Country 30: USA

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

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): 1104 NE INDUSTRIAL BLVD 83 84 City: Jensen Beach FL 85 Zip Code: 34957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GROZA, ROSEMARY		1.2 NAME		
STREET ADDRESS	2220 NE PINECREST LAKES		1.3 STREET ADDRESS	2041 SE ALLAMANDA Dr	
CITY-ST-ZIP	JENSEN BCH. FL		1.4 CITY-ST-ZIP	Pt St Lucie FL 34952	
TITLE	DP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GROZA, JOHN A		2.2 NAME		
STREET ADDRESS	2220 NE PINECREST LAKES		2.3 STREET ADDRESS	PO Box 490	
CITY-ST-ZIP	JENSEN BCH. FL		2.4 CITY-ST-ZIP	Jensen Beach FL 34958	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GROZA, BRETT, A		3.2 NAME		
STREET ADDRESS	1013 S. HIAWASSEE RD. #3636		3.3 STREET ADDRESS	2041 SE Allamanda Dr	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Pt St Lucie FL 34952	
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANSARA, ROSEMARY		4.2 NAME		
STREET ADDRESS	2041 SE ALLAMANDA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	GROZA, PATRICIA, A		5.2 NAME		
STREET ADDRESS	2220 NE PINECREST LKS		5.3 STREET ADDRESS	PO Box 490	
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP	Jensen Beach, FL 34958	
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		

CR2E034 (9/96)

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 for Block 13 if changed or added to an amendment with an address.

SIGNATURE: Patricia A Groza SIGNATURE REQUIRED
PATRICIA A GROZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97
Date

5613348109
Daytime Phone #