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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90102 041 ***158.75

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G43047

1. Corporation Name
GROZA'S, INC.

Principal Place of Business

1104 NE INDUSTRIAL B
JENSEN BCH FL 34957
US

Mailing Address

1104 NE INDUSTRIAL B
JENSEN BCH FL 34957
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1983

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GROZA, JOHN A.
1104 NE INDUSTRIAL BLVD
JENSEN BCH FL 34957

10. Name and Address of New Registered Agent

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 D
NAME GROZA, ROSEMARY
STREET ADDRESS 1305 SW BENT PINE
CITY-ST-ZIP PT ST LUCIE FL 34986 ☐ DELETE

TITLE DP
NAME GROZA, JOHN A
STREET ADDRESS 1417 SW OSPREY COVE
CITY-ST-ZIP PT ST LUCIE FL 34986 ☐ DELETE

TITLE V
NAME GROZA, BRETT, A
STREET ADDRESS 1305 SW BENT PINE
CITY-ST-ZIP PT ST LUCIE FL 34986 ☐ DELETE

TITLE S
NAME ANSARA, ROSEMARY
STREET ADDRESS 1305 SW BENT PINE
CITY-ST-ZIP PORT ST LUCIE FL 34986 ☐ DELETE

TITLE S
NAME GROZA, PATRICIA, A
STREET ADDRESS 1417 SW OSPREY COVE
CITY-ST-ZIP PT ST LUCIE FL 34986 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)