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Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G59074** (6)

1. Corporation Name  
**GROVE DESIGN MANAGEMENT COMPANY**

Principal Place of Business  
**108 DIXIE LANE  
COCOA BEACH FL 32931**

Mailing Address  
**108 DIXIE LANE  
COCOA BEACH FL 32931-3542**



3. Date Incorporated or Qualified <b>09/12/1983</b>	3a. Date of Last Report <b>01/29/1996</b>
4. FEI Number <b>59-2375265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>GROVE, MELVILLE 401 WASHINGTON AVE CAPE CANAVERAL FL 32920</b>	10. Name and Address of New Registered Agent
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>STD</b>	1.1 TITLE	<b>PD</b>
NAME	<b>GROVE, MELVILLE</b>	1.2 NAME	<b>GROVE, MELVILLE</b>
STREET ADDRESS	<b>401 WASHINGTON AVE</b>	1.3 STREET ADDRESS	<b>401 WASHINGTON AVE</b>
CITY - ST - ZIP	<b>CAPE CANAVERAL, FL 00000</b>	1.4 CITY - ST - ZIP	<b>CAPE CANAVERAL, FL 32920</b>
TITLE	<b>PD</b>	2.1 TITLE	<b>STD</b>
NAME	<b>GROVE, SANDRA S.</b>	2.2 NAME	<b>GROVE, SANDRA S.</b>
STREET ADDRESS	<b>401 WASHINGTON AVE</b>	2.3 STREET ADDRESS	<b>401 WASHINGTON AVE</b>
CITY - ST - ZIP	<b>CAPE CANAVERAL FL</b>	2.4 CITY - ST - ZIP	<b>CAPE CANAVERAL, FL 32920</b>
TITLE	<b>VB</b>	3.1 TITLE	
NAME	<b>WISLAY, JOSEPH R.</b>	3.2 NAME	
STREET ADDRESS	<b>185 MOORE AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 on an attachment with an address.

SIGNATURE: *Melville Grove* **MELVILLE GROVE** 1/7/97 407/784-3466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
0103085

CR2E034 (9/96)