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

PROFIT CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G97433

THE GROVE CORPORATION

Principal Place of Business SHOOL COLUMN THE PROPERTY Mailing Address

31 98 SOUTH DIVIE HIGHWAY

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90007 033 ***150.00



MIAMI FL 33133 MIAMI FL 33133					·	
MICHIEL COLOR		mirmi i E 40100			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed	,
					03/28/1984	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
1 26					59-2393080	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27					5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country Zip (Country	Country 8. This corporation owes the current year Intangible		
24	25	29 3	30		Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		81	Name	•	
BOULOS, JAMES			82	Ctroot Ado	dress (P.O. Box Number is Not Acceptable)	
3198 SOUTH DIXIE HIGHWAY			02	Street Add	dress (P.O. Box Number is Not Acceptable)	
MAIM	M FL 33133		83			
					<u> </u>	始终施行进行
			84	City	, , , , , , , , , , , , , , , , , , ,	85 Zip Code
FL						
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 a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statutes			
SIGNATURE		,				
40	Signature, typed or printed name of registered agent			nt signature requir	red when reinstating) . DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 42
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	☐ Change ☐ Addition
TITLE	P	□ DECE1E				☐ Change ☐ Addition
NAME	BOULOS, JAMES	•	1.2 NAME			
STREET ADDRESS	3198 S. DIXIE HIGHWAY		1.3 STREET	TADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-S	T-ZIP	,,	
πιτΕ	VO .	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	BOULOS, VICTOR JR.		2.2 NAME			
STREET ADDRESS	3198 S. DIXIE HIGHWAY		2.3 STREET	TADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		2. 4 CITY-S	ST-ZIP	·	
TITLE	S	☐ DELETE	3.1 TITLE	•	•	☐ Change ☐ Addition
NAME	BOULOS, MARIO		3.2 NAME		•	
STREET ADDRESS	3198 S. DIXIE HIGHWAY		3.3 STREET	TADORESS	••	t for a local control of
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY-S			
TITLE	T	☐ DELETE	4.1 TITLE			Change Addition
NAME	BOULOS, PIERRE RICHARD	_	4. 2 NAME	,		
STREET ADDRESS	3198 S. DIXIE HIGHWAY	: '7'	4.3 STREET	TADORESS		
	MIAMI FL 33133					
CITY-ST-ZIP	WIFWII FE 33 ISS	□ DELETE	4.4 CITY-S' 5.1 TITLE	1-21		Change Addition
- /-			5.3 IIILE 5.2 NAME			
NAME	•		5.3 STREET	T ADDDESS		
STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		D01 D4189
TITLE	STATES SANCTON STATES	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	[3] (현소 : 한 14년) (** ** ** ** ** ** ** ** ** ** ** ** **		6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		,
CITY, ST. 7IP			6.4 CITY-S	T-ZIP		1

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 suppliemental 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 dorporation or the receiver or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or on an attachment with an address, with all other like empowered.