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

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90009 007 ***150.00

DOCUMENT # **H00951**

1. Corporation Name

M & R GROVE SERVICE, INC.

L							
Pr	rincipal Place of Business	Mailing Address 12765 WEST FOREST HILL BLVD					
1586 GRANTHAM DR. 12765 WEST FOREST HILL BL WEST PALM BCH. FL 33414 SUITE 1304 WEST PALM BCH. FL 33414			LVD			DO NOT WRITE IN THIS SPACE	
		US				3. Date Incorporated or Qualifed 04/26/1984	
2. 21	rincipal Place of Business 2a. Mailing Address 26					4. FEI Number Applied For 59-2422317 Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			- W	5. Certificate of Status Desired See Required Fee Required	
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24	Zip Country	Zip 30	Countr	ry		8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent	·			10. Name and Address of New Registered Agent	
	81 Name						
PERALES, JESUS			8:	↲	Street Address (P.O. Box Number is Not Acceptable)		
1586 GRANTHAM DR.			"	-	Oli ool Addio.		
WEST PALM BCH. FL 33414				3			
			8		City	FL 85 Zip Code	
11	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 13					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIT	rle PTD	☐ DELETE	1.1 TITLE			. Change Addition	
NA	ME PERALES, JESUS M.		1.2 NAME	Ξ			

1586 GRANTHAM DR. STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE □ DELETE 2.1 TITLE PERALES, MIGUEL R 2.2 NAME NAME 2062 POLO GARDEN DR #108 STREET ADDRESS 2.3 STREET ADDRESS WEST PALM BCH. FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE PERALES, RICHARD I NAME 3.2 NAME 1586 GRANTHAM DR 3.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 3.4. CITY-ST-ZIP CITY+ST-ZIP Addition ☐ Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME --4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP.

14. I hereby certify that the information supplied with this a indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or to Block 12 or Block 13 if changed, or open attachment Ripercipes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all profits true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: