

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # H08316 (2)
Corporation Name HOPE GROVES, INC.



Principal Place of Business: 2627 S JENKINS RD, FT PIERCE FL 34981, US
Mailing Address: ~~2627 S JENKINS RD~~, ~~FT PIERCE FL 34981~~, ~~US~~

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified: 06/18/1984

21 Principal Place of Business		26 Mailing Address		FEI Number		Applied For	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		59-2430635		Not Applicable	
23 City & State		28 City & State		Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip		29 Zip		Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25 Country		30 Country		This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name and Address of Current Registered Agent				Name and Address of New Registered Agent			
DANIEL E DEMPSEY 2627 S JENKINS RD FT PIERCE FL 34981				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____

OFFICERS AND DIRECTORS							
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, RICHARD E.		1.2 NAME				
STREET ADDRESS	130 S SHORE CIR		1.3 STREET ADDRESS				
CITY-ST-ZIP	FORT PIERCE FL		1.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, DANIEL E.		2.2 NAME				
STREET ADDRESS	6910 33RD ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BCH. FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

[Handwritten Signature] 7/1

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 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.

CR2E034 (10/97)