

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H14595** (3)

1. Corporation Name
TROPICAL GEMS GROVES, INC.



Principal Place of Business

RT 1 BOX 455
P. O. BOX 6883
MOORE HAVEN FL 33471
US

Mailing Address

9113 PARAGON WAY
SUITE 301
BOYNTON BEACH FL 33437
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 **1500 NW 23 ST**
27 Suite, Apt. #, etc.
28 **MIAMI FL**
29 **33142**
30 **DADE**

3. Date Incorporated or Qualified **07/31/1984**
3a. Date of Last Report **03/20/1995**
4. FEI Number **59-2564438**
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**OWENS, WALLIS G.
8802 ESTATES DRIVE
WEST PALM BEACH FL 33411**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.007(3) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the provisions of Sections 607.007(3) and 607.1508, Florida Statutes.

SIGNATURE

3-25-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	OWENS, WALLIS G.	
STREET ADDRESS	8802 ESTATES DRIVE	
CITY, ST, ZIP	WEST PALM BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OWENS, KAREN M.	
STREET ADDRESS	8802 ESTATES DRIVE	
CITY, ST, ZIP	WEST PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this and all reports and supplemental annual reports 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 owner or partner or associated person of this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or both, as applicable with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 305 638-3205
DATE TELEPHONE

CR2E034 (12/95)