

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H35562** (8)
1. Corporation Name
BRAD RICH GROVE, INC.

Principal Place of Business 1626-90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961-7370	Mailing Address 1626-90TH AVENUE P.O. BOX 370 VERO BEACH FL 32961-7370
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/27/1984		4. FEI Number 59-2474309		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent LUTHER, JOHN M 555 A1A HIGHWAY VERO BEACH FL 32963				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LUTHER, JOHN M		1.2 NAME				
STREET ADDRESS	555 SOUTH A1A HIGHWAY		1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KAHLE, GEORGE A.		2.2 NAME				
STREET ADDRESS	6050 5TH ST. S.W.		2.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		2.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LUTHER, NANCY R		3.2 NAME				
STREET ADDRESS	555 SOUTH A1A		3.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32968		3.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PEREZ, TOMAS RENE		4.2 NAME				
STREET ADDRESS	2019 CORTEZ AVENUE,		4.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LUTHER, NANCY R		5.2 NAME				
STREET ADDRESS	555 S A1A HIGHWAY		5.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP				
TITLE	ATD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HOPKINS, SUSAN R		6.2 NAME				
STREET ADDRESS	285 RIVERWAY DR		6.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP				

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0116196

CR2E034 (10/97)