FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H57033** **(3)**

1. Corporation Name

GROVE KEY SHIP'S STORE, INC.

Principal Place of Business	Mailing Address
90 EDGEWATER DR STE 702 CORAL GABLES FL 33133 US	90 EDGEWATER DR STE 702 CORAL GABLES FL 33133 US

3. Date Incorporated or Qualified: **05/09/1985**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21 9340 Gallardo St
22 Suite, Apt. #, etc.
23 City & State: Coral Gables, FL.
24 Zip: 33133 25 Country: US

2a. Mailing Address
26 9340 Gallardo St
27 Suite, Apt. #, etc.
28 City & State: Coral Gables, FL.
29 Zip: 33173 30 Country: US

4. FEI Number: **59-2540485** ☐ 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

9. Name and Address of Current Registered Agent

MEREDITH, SPENCER B.
90 EDGEWATER DR
STE 702
CORAL GABLES FL 33133

10. Name and Address of New Registered Agent

81 Name: Scott A. Wessel
82 Street Address (P.O. Box Number is Not Acceptable): 9340 Gallardo St.
83
84 City: Coral Gables FL 85 Zip Code: 33133

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: Scott Wessel Scott A. Wessel, Pres. 2/9/96
(If the Registered Agent signature required for reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE NAME STREET ADDRESS CITY-ST-ZIP	DPS MEREDITH, SPENCER B. 90 EDGEWATER DR, #702 CORAL GABLES FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Scott A. Wessel 9340 Gallardo St Coral Gables, FL. 33133 ☒ Change ☒ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD Kathleen D.B. Wessel 9340 Gallardo St. Coral Gables, FL. 33133 ☐ Change ☒ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 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: Scott Wessel Scott A. Wessel Pres. 2/6/96 305 854-2644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #