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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57033

(3)

GROVE KEY SHIP'S STORE, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address  8340 GALLARDO ST. 9340 GALLARDO ST.  CORAL GABLES FL 33133 CORAL GABLES FL 33158-2362 US								
•					3. Date Incorporated or Qualified 05/09/1985		of Last R 3/1996	eport
2. Principal Pl 21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2540485		<u> </u>	pplied For ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & State	3	City & State			6. Election Campaign Financing	<u>.</u>	\$5.00	May Be
23   Zipi 24	Country 25	Zip 29	Country 30	y	Trust Fund Contribution  8. This corporation has liability for in Florida Statutes			
24)	9. Name and Address of Curren		1301		10. Name and Address of New Reg			
WEG	SSEL, SCOTT A.		81	Name				
9340	D GALLARDO ST. RAL GABLES FL 33133		82	Street Add	ress (P.O. Box Number is Not Acceptable	le)		
COR	ANT OMBRES LE 20100		83	<del> </del>		- <del></del>	······································	······································
			84	City		FI	85 Zip (	Code
	, ,				ition's board of directors. I hereby accep			
SIGNATURE	Signs to appeal or pointed transcolor regulated age			gent signature requi	ired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND D	DIRECTOR	IS IN 12
SIGNATURE 12.	Signs to lapsed or purified name of regional object.  OFFICERS ANI  PD		IOTE Registered Ag  13.  1.1 TITLE	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND (	DIRECTOR Change	RS IN 12
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14. I do hereby certify that the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i). Plonda statutes, Truther certify that he information and cated on the annual report of suppliemental 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 changes or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1/21/2) 305-854-2626
Dayline Phone