**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 27 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mertham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J15471 (2)GROVE EQUITIES CORP. Principal Place of Business Mailing Address 6 RAMLAND RD 6 RAMLAND RD **ORANGEBURG NY 10962 ORANGEBURG NY 10962** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1986 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 26 59-2702356 Not Applicable 21 Suite, Apt. #, etc. Suite. Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Žip . Zip Country This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Michael Easley **BELL, CAROL** JONES FOSTER JOHNSTON & STUBBS Street Address (P.O. Box Number is Not Acceptable) Flagler Center Tower, Suite 1100 671 S. OCEAN BLVD. **BOCA RATON FL 33432** 83 505 S. Flagler Drive Zip Code 33402 City 84 West Palm Beach y uso 2 and 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607,0505, Florida Statutes. 11. Pursuant to the provis office or registered a agent. I am familiar SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE Addition BUTLER, ROBERT T. 1.2 NAME NAME STREET ADDRESS 10 PHILIPS LANE 1.3 STREET ADDRESS RYE NY CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LEWIS, MICHAEL K NAME 22 NAME 6 RAMLAND RD STREET ADDRESS 2.3 STREET ADDRESS ORANGEBURG NY CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. City-St-ZIP ☐ DELET**E** 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TIFLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to executable in a point of the corporation of the receiver or trustee empowered to executable in the corporation of the receiver or trustee empowered to executable in the corporation of the receiver or trustee empowered to executable in the corporation of the corporation of the corporation of the receiver or trustee empowered to executable in the corporation of the corporation of the receiver or trustee empowered to executable in the corporation of the corpora

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