


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J88645 (3)  
1. Corporation Name  
LAKE GROVE VILLAGE, INC.

Principal Place of Business 451 MONTANA AVE. DAVENPORT FL 33637 US	Mailing Address 451 MONTANA AVE. DAVENPORT FL 33637 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 233 N. COUNTRY CLUB DR. Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH, FLORIDA Zip 24 33462-1113	2a. Mailing Address 26 233 N. COUNTRY CLUB DR. Suite, Apt. #, etc. 27 City & State 28 LAKE WORTH, FLORIDA Zip 29 33462-1113	3. Date Incorporated or Qualified 08/21/1987	3a. Date of Last Report 09/04/1996	4. FEI Number 59-2837645	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent KEATHLEY, KERRY H 451 MONTANA AVE. DAVENPORT FL 33637	10. Name and Address of New Registered Agent 81 Name JOYCE A. KJELLGREN, JOYCE A. 82 Street Address (P.O. Box Number is Not Acceptable) 233 N. COUNTRY CLUB DRIVE 83 84 City LAKE WORTH FL 85 Zip Code 33462-1113
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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 Joyce A. Kjellgren, President DATE July 24, 1997  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEATHLEY, HAROLD L. PO BOX 1923, N/A HOBE SOUND FL 33475-1923 <input type="checkbox"/> DELETE	1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D/V KEATHLEY, HAROLD L. 8331 S.E. ROYAL STREET HOBE SOUND, FL. 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV KEATHLEY, KERRY H 451 MONTANA AVENUE DAVENPORT FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KJELLGREN, JOYCE A 233 N COUNTRY CLUB DR ATLANTIS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/P KJELLGREN, JOYCE A. 233 N. COUNTRY CLUB DR. ATLANTIS, FL. 33462-1113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D/S/T KJELLGREN, JENNIFER L. 233 N. COUNTRY CLUB DR. ATLANTIS, FL. 33462-1113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

CR2E034 (4/97)