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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M27325

(3)

**GROVE MARINA MARKET, INC.** 

Mailing Address

## **FILED** May 07 1997 8:00am Secretary of State



2601 SOUTH BAYSHORE DRIVE. PH-1 MIAMI FL 33133		2665 S. BAYSHORE DR.: #1100 MIAMI FL 33133-5462								
						3. Date Incorporated or Qualified 02/12/1986	3a. Date 03/19/		eporl	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26				<b>59-2644394</b> Not Applicable				
Suite, Apt.		Suite, Apt. #, etc	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State	28			Election Campaign Financing     Trust Fund Contribution	g \$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Zip <b>29</b>	29 30			8. This corporation has liability for intangible tox under s. 199 032, Florida Statutes Yes No				
	g, Name and Address of Curr	ent Registered Agent				10. Name and Address of New Reg	Istered Age	nt		
	aghten, Juan T			81	Name					
2665 S. BAYSHORE DR., #1100 MIAMI FL 33133				82	Street Ad	et Address (P.O. Box Number is Not Acceptable)				
				83	, ,					
				84	City		FL <sup>°</sup>	<b>15</b> Zip (	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida S ite of Florida Such change i ligations of, Section 607.050	Statutes, the at was authorized 5, Florida Stat	oove d by utes	e-named corpo	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of ch t the appoin	anging it ment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered	and and the dimension of the	(MC)11 - Designation	d And	nt rigget so re	quired when reinstating)	DATE			
12.		ND DIRECTORS	13.	. Age	nt signature re	ADDITIONS/CHANGES TO OFFIC		RECTOR	S IN 12	
TITLE	PSD	DELETI		TLE			~	Change	Addition	
NAME	O'NAGHTER, JUAN T		1.2 N/	ME						
STREET ADDRESS	2665 SOUTH BAY SHORE D	PRIVE #1100	1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CH	TY-S	T · ZIP					
TITLE	VSD	DELET	21 TI	TLE		•		Change	Addition	
NAME	O'NAGHTEN, JUAN T		2.2 N/	AME						
STREET ADDRESS	2665 S. BAYSHORE DR., #1	1100	2.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33133				ST - ZIP			-5:	1 1 1 1 1 1 1 1 1	
TITLE		☐ DELET	1				i_	Change	Addition	
NAME			32 N							
STREET ADDRESS					ADDRESS	•				
CITY-ST-ZIP TITLE		☐ DELET			ST - 7IP			Change	Addition	
NAME			4 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			44 C		ļ					
TITLE		DELETI	5 1 Ti	ΊĮΕ			[	Change	Addition	
NAME			52 N	AME	1					
STREET ADDRESS			5.3 S	REET	ADDRESS					
CITY-ST-ZIP			54 C	IY-S	1 - ZIP					
TITLE	· ·	DELETI	6.1 TI	TLF				Change	Addition	
NAME			62 N	AME						
STREET ADDRESS			6.3 S	REET	ADDRESS					
CITY-ST-ZIP			6 4 C	ITY-S	T-ZIP				,	

14. I do hereby certify that the information supplied with this filling 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