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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M77311

(2)

BORODI	INE GROVES, INC.	`					1 NEOLEON (N. 1880) (FEBE (N.C.) (1881) (1881)				
Principal Place of Business Mailing Address STEPHEN G. SEWELL SOT WEBSTER ST. LEESBURG FL 34748-5026 Mailing Address STEPHEN G. SEWELL SOT WEBSTER ST. LEESBURG FL 34748-5026 LEESBURG FL 34748-5026											
							3. Date Incorporated or Qualified				
2. Principa' P 21	lace of Business	2a. Mailing Addre	SS				4. FEt Number 59-2886511.	-1		oplied For of Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, e	etc.				5. Certificate of Status Desired		\$8.75	Additional	
City & Stat	6	City & State					6. Election Campaign Financing		Fee Re \$5.00	 	
23		28					Trust Fund Contribution		Added t		
Zвр 24	Country Zip		30 Cou		ountry		8. This corporation has liability for in Florida Statutes	intangible] Yes	e tax under s. X No	. 199.032,	
29]	9. Name and Address of Cu	29 	1301				io. Name and Address of New Re				
SEV	VELL, STEPHEN G.			81	Name		**************************************	7			
	WEBSTER ST.			82	Street A	ddress	(P.O. Box Number is Not Acceptab	yle)			
LEE	SBURG FL 32748			83						***************************************	
				84	City		d-1000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1-000-1		85 Zip (Code	
	40 2 000	0100 1007 1500 51	0					FL	-		
agent La	to the provisions of Sections bur- registered agent, or both, in the S im familiar with, and accept the d	.0502 and 607, 1508, Fiding State of Florida. Such chang obligations of, Section 607.0	e was autho 505, Florida	rized b Statute	e-named c y the corpo s.	oration'	tion submits this statement for the p is board of directors. I hereby accep	orpose of the app	oranging its	s registered registered	
SIGNATURE	Signature, typed or primidinar ciplinegistere	ed agent and little if applicable	(NOTE: Reg	stered Ag	ent signature re	equired w	hen reinstating)	DATE			
12.		AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOR	S IN 12	
TITLE	DP Karel, David	☐ D€L		1.1 TITL€					L Change	Addition	
NAME STREET ADDRESS	1054 POMEROY			1.2 NAME	T ADDOLCO						
CITY - \$1 - ZIP	SANTA CLARA CA				T ADDRESS						
TILE	V DELETE			1.4 CITY-ST-ZIP 2.1 TITLE					☐ Change	Addition	
NAME	KAREL, JANICE			2.2 NAME							
STREET ADDRESS	1054 POMEROY				T ADDRESS						
CITY - ST - ZIP	SANTA CLARA CA			2. 4 CITY-			·				
101.6	STD	DEL	ETE	3.1 TITLE					Change	Addition	
NAME	KAREL, STEVEN			3.2 NAME							
STREET ADDRESS	12137 TERRENCE AVE			3.3 STREE	T ADDRESS						
C(TY - \$1 - 7)P	SARATOGA CA			3.4 CITY-	ST-ZIP						
TITLE	V	☐ DEL	ETE	4.1 TITLE					Change	Addition	
NAME	KAREL, RANDY		ŀ	4. 2 NAME							
STREET ADDRESS	1054 POMEROY			4.3 STREE	T ADDRESS						
C(TY - ST - ZIP	SANTA CLARA CA			4.4 CITY	ST-ZIP		······································		— 6:		
TILE		☐ DE	-	5.1 TITLE					L Change	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS					T ADDRESS						
CHTY-S1-7IP		☐ DEL		5.4 CITY-1	SI - ZIP				Change	Addition	
TITLE		ב ווינו		6.1 TITLE					LI CHAILBE	L AQUADON	
NAME STREET ADDRESS				6.2 NAME	T ADDRESS						
STREET ADDRESS	l .			v.a aintt	I VIDINUE 99						

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - \$1 - 7IP

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. (408)252-5477

FILED

Mar 07 1997 8:00am

Secretary of State