

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:46

DOCUMENT # P9500000235 (8)

1. Corporation Name
NOBAR GROVES, INC.

Principal Place of Business Mailing Address
2707 NORTH ANDREWS AVENUE FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Quitted	3a. Date of Last Report
21		26		12/30/1994	
22 Suffix, Apt #, etc		27 Suffix, Apt #, etc		4. FEI Number	Applied For
23 City & State		28 City & State		65-0552133	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	<input type="checkbox"/>
				6. Elect to file annual franchise tax report by 12/31/95	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	<input type="checkbox"/>
				7. This corporation has liability for intangible tax under s. 193.002, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORRIS, KAREN 2107 EDGEWATER CIRCLE WINTER HAVEN FL 33880				81	Name		
				82	Mailing Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85	Zip Code	

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 _____
Signature (use the printed name of registered agent and the 4 last digits of FEIN) Registered Agent signature required when registering (DATE)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, KAREN	12 NAME	
STREET ADDRESS	POST OFFICE DRAWER 6047	13 STREET ADDRESS	
CITY, ST, ZIP	WINTER HAVEN FL 33880	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTEN, RICHARD A	22 NAME	
STREET ADDRESS	801 N.W. 8TH TERRACE	23 STREET ADDRESS	22799 G TRELAWNY TERRACE
CITY, ST, ZIP	PLANTATION FL 33324	24 CITY, ST, ZIP	BOCA RATON, FL 33433
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, if changed, or on an alternate sheet with an address.

SIGNATURE: *Richard A. Barten* 6/12/95 305-563-4000
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
RICHARD A. BARTEN

CR2E034 (3/95)