

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000004937 (5)

1. Corporation Name
GROCO INTERNATIONAL, INC.



Principal Place of Business: **2338 IMMOKALEE RD. SUITE 105 NAPLES FL 33942**
Mailing Address: **2338 IMMOKALEE RD. SUITE 105 NAPLES FL 33942**

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30
22 City & State	27	28 City & State	30
23 Zip	28	29 Zip	30
24 Country	29	30 Country	30

3. Date Incorporated or Qualified 01/19/1995	3a. Date of Last Report
4. FEI Number 65-0550619 211-28-5728	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 has liability for intangible tax under s. 199.032, 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			
TETI, ALFRED J 2338 IMMOKALEE RD. SUITE 105 NAPLES FL 33942				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	City		
				84	City		
				FL	85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of principal officer or registered agent for this corporation. (If the registered agent is a corporation, the signature of the registered agent is required when filing this report.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPVS	<input type="checkbox"/> DELETE	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	TETI, ALFRED J		2. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS	2338 IMMOKALEE RD., STE. 105		3. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP	NAPLES FL 33942		4. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE	TETI, ALFRED J	<input type="checkbox"/> DELETE	5. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME	TETI, ALFRED J		6. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS	2338 IMMOKALEE RD., STE. 105		7. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP	NAPLES FL 33942		8. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE		<input type="checkbox"/> DELETE	9. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			10. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS			11. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP			12. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE		<input type="checkbox"/> DELETE	13. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			14. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS			15. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP			16. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE		<input type="checkbox"/> DELETE	17. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			18. NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
STREET ADDRESS			19. STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
CITY-ST-ZIP			20. CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>			

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 199.03(3)(k), 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 registered agent 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 the filing.

SIGNATURE: **ALFRED J. Teti**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **6/20/96**
Dist. Office: **643-4800**

CR2E034 (12/95)