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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000004937**1. Corporation Name

GROCO INTERNATIONAL, INC.

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Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2338 IMMOKALE	E RD.	2338 IMMOKALEE RD.	2338 IMMOKALEE RD.							
SUITE 105		Suite 105	SUITE 105			ļ	TO MOT MOST IN THE OPACE			
NAPLES FL 341	NAPLES FL 34110	LES FL 34110				DO NOT WRITE IN THIS SPACE				
US		US					3. Date Incorporated or Qualifed 01/19/1995			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	A	pplied For	
21	26						65-0550619	N	ot Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						8.75	Additional	
22	.,	27	7				5. Certificate of Status Desired	Fee R	equired	
City & State	9	City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28	28				Trust Fund Contribution		to Fees	
Zip	Zip	Country				8. This corporation owes the current year Intang	ble			
24	25	29	30				Personal Property Tax.	Yes	XNo	
1	9. Name and Address of Cur						10. Name and Address of New Registered Age	nt		
				81	Name				ļ	
TETI, ALFRED J			}	82	Stroot	Addro	ss (P.O. Box Number is Not Acceptable)			
2338	IMMOKALEE RD.			82	Sileer	Addies	SS (F.O. BOX NUMBER IS NOT NOCEPHABLE)			
SUIT	E 105		Ī	83						
NAPI	LES FL 34110		1					7:0	Code	
				84	City		FL °	35 Zip	Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute	s, the at	οονε	e-named	corpor	ration submits this statement for the purpose of cha	nging it	s registered	
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.									egistered	
agent. I a	m familiar with, and accept the ob	ligations or, Section 607.0505, Flori	ua Statu	nes	•				į	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE:	Registered	Apen	nt signature	required v	when reinstating) DATE			
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	ORS IN 12	
TITLE	DPVS	☐ DELETE	1.1 TITLE			T	, [] Change	☐ Addition	
NAME	TETI, ALFRED J		1.2 NA				1.0		}	
STREET ADDRESS	2338 IMMOKALEE RD., STE	105	13 ST	REFT	T ADDRESS	,			\	
CITY-ST-ZIP	NAPLES FL 33942		1.4 CIT				,		J	
TITLE	T	DELETE	2.1 TIT			†] Change	☐ Addition	
NAME	Teti, alfred j	_	2.2 NA	MF					}	
}	2338 IMMOKALEE RD., STE	105			T ADDRESS				i	
STREET ADDRESS	NAPLES FL 33942	. 100	2. 4 CI			ì			}	
CITY-ST-ZIP TITLE	MAPLES PE 30342	☐ DELETE	3.1 TIT	_)I-ZIF	+		Change	☐ Addition	
			3.2 NA							
NAME					T ADDRESS					
STREET ADDRESS			3.4. CI						Į	
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STREET ADDRESS										
CITY-ST-ZIP		□ DELETÉ	5.4 CF			+	<u> </u>] Change	Addition	
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NAME			6.2 NA		 00:				ĺ	
STREET ADDRESS	l		■ 6.3 ST	REE	TADDRESS	· 1			ſ	

14. I 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 with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM