## 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 # P95000014196 (6)

FLORIDA GROUNDS MANAGEMENT, INC.

Principal Place of Business

12357 B.W. 144 TERRACE MIAMI FL 33186

Mailing Address

12357 S.W. 144 TERRACE MIAMI FL 33186-7420

## FILED May 02 1997 8:00am Secretary of State



						02/17/1995		Date of Last Report <b>05/01/1996</b>		
<del></del>	lace of Business	28. Mailing Address				4. FEI Number	<del></del>	Aj	oplied For	
	5.W. 64 Street	26 Mars 5.W. 64 Street			43	65-0557691		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & Stat	Û	City & State				6. Election Campaign Financing \$5.00 May Be				
53 W/O	m), FL	28 Miami, FL			]	Trust Fund Contribution	Added to Fees			
Zip	Country Zip		Country			8. This corporation has liability for in	tangihle tax		<del></del> {	
24 3317	25 Dade	29 33173 30 Dade			- 1	Florida Statutes X Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
JAR	81	Name								
	IVIS & ROFFINO		82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)				
550	BILTMORE WAY, SUITE 830		"	Direct	Addies					
COI	RAL GABLES FL 33134	•	83	83						
			84	City			FL  81	j 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, typod or printed name of registered agent	and the Hanglinghia Harry	F1			when reinstaling)				
12.	OFFICERS AND		13.	rit signature	: rednica /	ADDITIONS/CHANGES TO OFFICE	DATE	ECTOR	PC INI 12	
TITLE	P	DELETE			9	ADDITIONO/CHANGES TO GETTICE		Change	Addition	
NAME	DEVINCENT, BARRY T		1.2 NAME		201	incent. Barry T	Lia	onungo	L Addition	
STREET ADDRESS	12357 SW 144 TERRACE		1.3 STREET ADDRESS			incent, Barry T w. S.W. 64 Stree	7		Į	
CITY-ST-ZIP	MAMI FL		1		1100	G( 5.W. G4 01174				
TITLE		DELETE		2.1 TITLE		ami, FL 33157		Change	Addition	
NAME			2.2 NAME					Ditatige	L_J Addition (	
STREET ADORESS				2.3 STREET ADDRESS						
CITY-ST-ZIP					1					
TITLE		DELETE 3.1T		S1-ZIP				Change	Addition	
NAME			3.2 NAME				L.J	Juange	L Addition	
STREET ADDRESS		3.3 STHEEL ADDRESS						ļ		
CITY-ST-ZIP										
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NAME			4 2 NAME				L	Change	Addition	
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS							
CITY-ST-ZIP										
TITLE		DELETE	4.4 CHY-S 5.1 TITLE	1 - ZIP	<del> </del>			Change	Addition	
NAME							لـــا	JIMIRJE	LT Addition	
STREET ADDRESS				5.2 NAME 5.3 STREET ADDRESS						
CITY-ST-ZIP TITLE	***	DELETE	5.4 CHY-ST-ZIP		<del> </del>			Change	Addition	
		FT DECEME	6.1 1111.6					Change	L Addition	
NAME CTRCCT ADDDCCC			6.2 NAME							
STREET ADDRESS			6.3 STREET							
CITY-ST-ZIP	ov certify that the information supplied	with this filing does not a call	6.4 CITY - S		lale of to	Conting 410 07/00/0 Ft- 4-1- Co	1.6			
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.										