SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROFIT Sandra B. Mortham CORPORATION Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 P95000020294 (1) **DOCUMENT #** GROEN INTERNATIONAL, INC. Mailing Address Principal Place of Business 8610 WAGON WHEEL LANE 8610 WAGON WHEEL LANE HUDSON FL 34667 HUDSON FL 34667 3a. Date of Last Report 3. Date incorporated or Qualified 03/09/1995 Applied For 2a. Mailing Address 31282 Not Applicable 2. Principal Place of Business 26 \$8.75 Additional 21 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 22 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 This corporation has liability for intangible tax under s. 199 032 23 Country Z_{10} Country Yes No Zip Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 9. Name and Address of Current Registered Agent 81 Name Groen, Krijn Street Address (P.O. Box Number is Not Acceptable) 8810 WAGON WHEEL LANE HUDSON FL 34667 83 Zip Code 85 City 84 FL 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby accept the appointment as registered agent, am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Rugistered Agent signature required when reinstalling) SIGNATURE September typed to protect than electrical detect agest and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)13. OFFICERS AND DIRECTORS Change Addition 12. DELETE 1.1 HTLE TITLE 1.2 NAME GROEN, KRIJN NAME 13 STREET ADDRESS 8610 WAGON WHEEL LN STREET ADDRESS 1 4 CITY - ST - ZIP Change Addition HUDSON FL 34667 CITY - ST - ZIP DELETE 2.1 TITLE TITLE D 2.2 NAME GROEN, PATRICIA M 2.3 STREET ADDRESS 8610 WAGON WHEEL LN STREET ADDRESS 2 4 CITY - SI - ZIF HUDSON FL 34667 CITY - ST - ZIP DELETE 3.1.1/11/6 TITLE 3.2 NAME NAME 3.3 STREFT ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition CITY - ST - ZIP DELETE 4.1 TIFLE TITLE 4, 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CHY - ST-ZIP Change Addition CITY - ST - ZIP DELETE 5.1 THE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY - ST - ZIP Change ____ Addition

14. I do hereby curtily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certily 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 an an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address PATRICIA M. GROEN 084/96 (813) 848-4828

6 1 TITLE

6.2 NAME

6 3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE