

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 26 1996 8:00 am
Secretary of State

DOCUMENT # P95000026072 (5)
1. Corporation Name
GROVE SQUARE, INC.



Principal Place of Business 10081 PINES BLVD. SUITE E PEMBROKE PINES FL 33024	Mailing Address 10081 PINES BLVD. SUITE E PEMBROKE PINES FL 33024
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3. Date Incorporated or Qualified 03/31/1995	3a. Date of Last Report
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. FEI Number 65-0590518	24. Applied For Not Applicable
25. Certificate of Status Desired <input type="checkbox"/>	26. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	27. \$8.75 Additional Fee Required	28. \$5.00 May Be Added to Fees
29. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code
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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: Kenneth Heyder, President DATE: 4/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GALLAGHER, EDWARD R 10081 PINES BLVD., SUITE E PEMBROKE PINES FL 33024 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President Kenneth Heyder 10081 Pines Blvd., Suite E Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Vice-President Grant Thornbrough 10081 Pines Blvd., Suite E Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Secretary David Cates 10081 Pines Blvd., Suite E Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Treasurer Eric Ansel 10081 Pines Blvd., Suite E Pembroke Pines, FL 33024 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 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.

SIGNATURE: _____ DATE: _____ DAY/TIME PHONE # _____

CR2E034 (12/95)