

**FILED**  
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**Secretary of State**

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**CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F9500026072 (5)**

1. Corporation Name  
**GROVE SQUARE, INC.**

Principal Place of Business Mailing Address

10081 Pines Blvd., Suite E 10081 Pines Blvd., Suite E  
 Pembroke Pines, FL 33024 Pembroke Pines, FL 33024

**280 E. ATLANTIC AVE.**

2. Principal Place of Business 2a. Mailing Address **118 N.E. 16 ST.**

21 ~~280 E. ATLANTIC AVENUE~~ 26 ~~280 E. ATLANTIC AVENUE~~

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Delray Beach, FL Delray Beach, FL

Zip Country Zip Country  
 33444 US 33444 US

9. Name and Address of Current Registered Agent

**HEYDER, KENNETH**  
 10081 Pines Blvd., Suite E  
 Pembroke Pines, FL 33024

10. Name and Address of New Registered Agent

81 Name **EDWARD GALLAGHER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**118 N.E. 16 ST**  
 83  
 84 City **DELRAY BEACH, FL FL** 85 Zip Code **33444**

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.

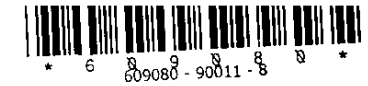
SIGNATURE *[Signature]* DATE **8/18/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Heyder, Kenneth P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	10081 Pines Blvd., Suite E	1.2 NAME	Gallagher, Ed;
STREET ADDRESS	Pembroke Pines, FL 33024	1.3 STREET ADDRESS	<del>280 E. ATLANTIC AVENUE</del> 118 N.E. 16 ST
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	Thornburgh, Grant VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	10081 Pines Blvd., Suite E	2.2 NAME	
STREET ADDRESS	Pembroke Pines, FL 33024	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Cates, David S <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	10081 Pines Blvd., Suite E	3.2 NAME	
STREET ADDRESS	Pembroke Pines, FL 33024	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Ansel, Eric T <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	10081 Pines Blvd., Suite E	4.2 NAME	
STREET ADDRESS	Pembroke Pines, FL 33024	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *[Signature]* Kenneth Heyder 6/24/99 954-431-5200

SIGNATURE AND PRINTED NAME OF BRINGING OFFICER OR DIRECTOR: *[Signature]* EDWARD GALLAGHER 7/30/99 561-276-0308



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/31/1995**

4. FEI Number  
**65-0590518**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. This corporation owes the current year intangible Personal Property Tax.  Yes  No

CR2E034 (1/98)