

**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

DOCUMENT # **P95000027437 (9)**

1. Corporation Name  
**GRAHAM GROVES, INC.**



Principal Place of Business: 11575 U.S. HIGHWAY ONE SUITE 209 N. PALM BEACH FL 33408  
Mailing Address: 11575 U.S. HIGHWAY ONE SUITE 209 N. PALM BEACH FL 33408

2. Principal Place of Business: 21 2701 Okeechobee Blvd Suite 200 West Palm Beach, FL 33409  
2a. Mailing Address: 26 2701 Okeechobee Blvd Suite 200 West Palm Beach, FL 33409

3. Date Incorporated or Qualified: 04/06/1995  
3a. Date of Last Report: [blank]  
4. FET Number: [blank] 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent: CRAIG, STEVEN L 11575 U.S. HIGHWAY ONE SUITE 209 N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent: 81 Name: [blank] 82 Street Address (P.O. Box Number is Not Acceptable): 2701 Okeechobee Blvd Suite 200 83 City: West Palm Beach FL 84 Zip Code: 33409

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: [blank]

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, THOMAS J	
STREET ADDRESS	440 ROYAL PALM WAY, THIRD FLOOR	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Steven L. Craig	
13 STREET ADDRESS	2701 Okeechobee Blvd Suite 200	
14 CITY-ST-ZIP	West Palm Beach, FL 33409	
21 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	M. Lynwood Bishop, Jr.	
23 STREET ADDRESS	2701 Okeechobee Blvd Suite 200	
24 CITY-ST-ZIP	West Palm Beach, FL 33409	
31 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Richard Schuler	
33 STREET ADDRESS	2701 Okeechobee Blvd Suite 200	
34 CITY-ST-ZIP	West Palm Beach, FL 33409	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 officer 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: X [Signature] Steven L. Craig 2/15/96 407.681.6500  
DATE: [blank]

CR2E034 (12/95)