

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 22 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000027437 (9)
 1. Corporation Name
GRAHAM GROVES, INC.



Principal Place of Business 2701 OKEECHOBEE BLVD SUITE 200 WEST PALM BEACH FL 33409 US	Mailing Address 2701 OKEECHOBEE BLVD SUITE 200 WEST PALM BEACH FL 33409-4009 US
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3. Date Incorporated or Qualified 04/06/1995	3a. Date of Last Report 08/14/1996
4. FEI Number APPLIED FOR 65-0586122	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc.	22. Mailing Address Suite, Apt #, etc.
23. City & State	24. City & State
25. Zip	26. Zip
27. Country	28. Country

9. Name and Address of Current Registered Agent

**CRAIG, STEVEN L
2701 OKEECHOBEE BLVD
SUITE 200
WEST PALM BEACH FL 33409**

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
			FL	

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: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CRAIG, STEVEN
STREET ADDRESS	2701 OKEECHOBEE BLVD SUITE 200
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BISHOP, M. LYNWOOD
STREET ADDRESS	2701 OKEECHOBEE BLVD #200
CITY-ST-ZIP	WEST PALM BEACH FL
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, upon an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/1-8/97** 561 681 6520
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

STEVEN L. CRAIG

ATTORNEY AT LAW

**SUITE 200 - FIRST BANK OF FLORIDA BUILDING
2701 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33409**

**TELEPHONE (561) 681-6500
FACSIMILE (561) 681-6555**

May 13, 1997

Annual Reports Section
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

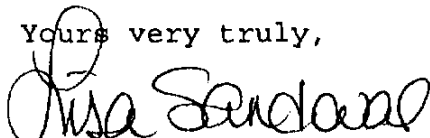
**RE: Subject: Graham Groves, Inc.
Reference No.: P95000027437**

Dear Sir/Madam:

Enclosed please find the 1997 Annual Report for Graham Groves, Inc. which your office returned for the addition of the FEI Number. This has been taken care of and the Report is being promptly returned to your office.

I hope that you will now find everything to be in order, however if you should need anything further please contact our office.

Yours very truly,


LISA SANDOVAL

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