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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000072275 (5)

1. Corporation Name
IQBAL GROVES, INC.



Principal Place of Business
2605 DOGWOOD COURT
WEXFORD PA 15090

Mailing Address
2605 DOGWOOD COURT
WEXFORD PA 15090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 38350 CLINTON AVE.		26		08/19/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 2435		27		59-3465327	
City & State		City & State		Applied For	
23 DADE CITY, FLORIDA		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33525		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 U.S.A		30		Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent

BARROW, JAMES
3003 W. SITKA STREET
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	IQBAL, NADEEM	1.2 NAME	
STREET ADDRESS	2605 DOGWOOD COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V
NAME	IQBAL, SABEEN	2.2 NAME	
STREET ADDRESS	2605 DOGWOOD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEXFORD PA 15090	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		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	

14. I 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, or on an attachment with an address.

SIGNATURE _____ NADEEM IQBAL 1-13-98 (721) 931-0130

CR2E034 (10/97)