

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 24 1998 8:00am
Secretary of State

DOCUMENT # P97000090813 (1)

1. Corporation Name
GROVE INVESTMENTS CORPORATION

Principal Place of Business
**3198 SOUTH DIXIE HIGHWAY
MIAMI FL 33133**

Mailing Address
**3198 SOUTH DIXIE HIGHWAY
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1997

4. FEI Number
65-0861849

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 **12395 S DIXIE Hwy**

2a. Mailing Address
26 **12395 South Dixie Hwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 **MIAMI FLA**

27 City & State
28 **MIAMI FLA**

24 Zip **33156** 25 Country **DADE**

29 Zip **33156** 30 Country **DADE**

9. Name and Address of Current Registered Agent

**BOULOS, JAMES
3198 SOUTH DIXIE HIGHWAY
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name **JAMES BOULOS**
82 Street Address (P.O. Box Number is Not Acceptable)
12395 South Dixie Hwy
83
84 City **Miami** FL 85 Zip Code **33156**

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 **James** **9-18-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	BOULOS, JAMES	
STREET ADDRESS	3198 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	BOULOS, VICTOR JR.	
STREET ADDRESS	3198 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOULOS, MARIO	
STREET ADDRESS	3198 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOULOS, RICHARD	
STREET ADDRESS	3198 SOUTH DIXIE HIGHWAY	
CITY-ST-ZIP	MIAMI FL 33133	
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 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: **Sandra B. Mortham**

CR2E034 (5/98)