PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000030753

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90058 040 ***150.00

| GROVE | RANCH ESTATES, INC. | | | | | | | | | |
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| Principal Place | e of Business | Mailing Address | | | | (3) Millindil 55% nëvën nëvit dëvit or | III) PARII ABIER | ittis Baiti sabæ | Bit A.A. str. 1601 | |
| 2033 MAIN ST. | • | 2033 MAIN ST. STE 303 | | | | } | | | | |
| SARASOTA FL | | SARASOTA FL 34237 | | | | DO NOT WRI | TC IN TUIC | CDACE | | |
| l | | | | | | 3. Date Incorporated or Qualified | IE IN THIS | GFACE | | 1 |
| { | | | | | | 04/01/1998 | | | [| |
| | | 2a, Mailing Address | | | | A FCIAL TAR | | T An | plied For | |
| ⊢ ⊸ ' | tace of Business | } - | | | | 085091 | 78 | | Applicable | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | | | \$8.75 | dditional | |
| 22 | #, | 27 | | | | 5. Certificate of Status Desired | | Fee Re | quired | |
| City & State | <u> </u> | City & State | | | | 6. Election Campaign Financing | | \$5,00 | мау Ве | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | o Fees | |
| Zip | | | Count | Ŵ_ ~~~ | | 8. This corporation owes the cum | ent year inte | | <u>~:</u> | نغيظ |
| 24 | | | 10 | <u></u> | | Personal Property Tax. | | Yes | Xivo | |
| | 9. Name and Address of Current | t Registered Agent | | 41 41 | | 10. Name and Address of New F | (egistered / | -flaur | | |
| | A DICHARD D | | ľ | 1 Name | | | | · <u>.</u> | | |
| | a, Richard D 3 Main St, Ste 303 | | 16 | 2 Street | Addres | ss (P.O. Box Number is Not Accepte | abia) | | _ | |
| | | | | | | | · | | | |
| SAR | ASOTA FL 34237 | | 13 | 3 | | | | | | |
| l | | | [8 | 4 City | | | FŁ | 85 Zip (| eboc | |
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| | | 2 4 COZ 4 EOQ Elocido Cintutos | the phy | We pamed | LOTTO | ration submits this statement for the | purpose of | changing its | registered | |
| 11. Pursuant office or n | to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat | 2 and 607.1508, Florida Statutes of Florida. Such change was auti tions of, Section 607.0505, Florid | the abortized by Statut | we named by the corp as. | corpor paration | ration submits this statement for the i's board of directors. I hereby accep | purpose of out the appoin | hanging its tment as re | registered pistered | i |
| SIGNATURE | | | | | | | purpose of on the appoint | changing its | registered pistered | íá |
| SIGNATURE | to the provisions of Sections 607.0507, or opistered agent, or both, in the State or familiar with, and accept the obligate signature, typed or printed name of registered agen OFFICERS AN | t and the if applicable. (NOTE: R | | | | ration submits this statement for the 's board of directors. I hereby acceptation releasing) ADDITIONS/CHANGES TO OF | DATE | D DIRECTO | RS IN 12 | 16091 |
| SIGNATURE | Signature, typed or printed name of registered agen | t and the if applicable. (NOTE: R | legistered A | gent signature | D | when reliability) ADDITIONS/CHANGES TO OF | DATE | | | (4.4 £0.0) |
| SIGNATURE | Signature, typed or printed name of registered agen OFFICERS AN | it and title if applicable. (NOTE: R D DIRECTORS | togistared A | pent signature | D PC | ADDITIONS/CHANGES TO OF | DATE FICERS AN | D DIRECTO | RS IN 12 | 124 (44400) |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AND | it and title if applicable. (NOTE: R D DIRECTORS | 13. 1.1 TITU 1.2 NAM | pent signature | D PC | ADDITIONS/CHANGES TO OF DMERANTZ, Saul 500 Decarie Blvd | FICERS AN | D DIRECTO | RS IN 12 X Addition | DE034 (41f09) |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND D ZENTNER, MAX | it and title if applicable. (NOTE: R) D DIRECTORS DELETE 840 G 1G2 | 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY | pent algosture E E E E E T ADORESS -ST-ZIP | D PC | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO Change te 200 H4P 21 | RS IN 12 ZAddition 12 | 707E/134 (44f08) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | D ZENTNER, MAX 1245 SHERBROOKE ST W, #1 | it and title if applicable. (NOTE: R) D DIRECTORS DELETE | 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU | ent algosture E E ET ADORESS - ST-ZIP | D PC | ADDITIONS/CHANGES TO OF DMERANTZ, Saul 500 Decarie Blvd | FICERS AN | D DIRECTO | RS IN 12 X Addition | CD2C034 (44 fbs) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZENTNER, MAX 1245 SHERBROOKE ST W, #11 MONTREAL QUEBEC CAN. H20 D CAPLAN, SAM G | A and the if applicable. (NOTE: R D DIRECTORS DELETE 840 G 1G2 | 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY | ent algosture E E ET ADORESS - ST-ZIP | D PC | ADDITIONS/CHANGES TO OF DMERANTZ, Saul 500 Decarie Blvd | FICERS AN | D DIRECTO Change te 200 H4P 21 | RS IN 12 ZAddition 12 | CD2E034 (4468) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | D ZENTNER, MAX 1245 SHERBROOKE ST W, #10 MONTREAL QUEBEC CAN. H20 | A and the if applicable. (NOTE: R D DIRECTORS DELETE 840 G 1G2 | 13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM | ent algosture E E ET ADORESS - ST-ZIP | D PC 86 | ADDITIONS/CHANGES TO OF DMERANTZ, Saul 500 Decarie Blvd | FICERS AN | D DIRECTO Change te 200 H4P 21 | RS IN 12 ZAddition 12 | CD2E(34 (44fb8) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | D ZENTNER, MAX 1245 SHERBROOKE ST W, #11 MONTREAL QUEBEC CAN. H20 D CAPLAN, SAM G | A and the if applicable. (NOTE: R D DIRECTORS DELETE 840 G 1G2 DELETE REAL, QUEBEC | 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY | EET ADDRESS ET ADDRESS -ST-ZIP EET ADDRESS | D PC 86 | ADDITIONS/CHANGES TO OF DMERANTZ, Saul 500 Decarie Blvd | FICERS AN | D DIRECTO Change te 200 H4P_2N | RS IN 12 X Addition Addition | CD2E034 (41808) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | DOFFICERS AND ZENTNER, MAX 1245 SHERBROOKE ST W, #10 MONTREAL QUEBEC CAN. H20 D CAPLAN, SAM G 3135 THE BOULEVARD, MONT | A and the if applicable. (NOTE: R D DIRECTORS DELETE 840 G 1G2 | 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITU | EETADORESS ESTADORESS -ST-ZP ETADORESS -ST-ZP | D PC 86 | ADDITIONS/CHANGES TO OF DMERANTZ, Saul 500 Decarie Blvd | FICERS AN | D DIRECTO Change te 200 H4P 21 | RS IN 12 ZAddition 12 | CD2E034 (4489) |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DOFFICERS AND ZENTNER, MAX 1245 SHERBROOKE ST W, #10 MONTREAL QUEBEC CAN. H20 D CAPLAN, SAM G 3135 THE BOULEVARD, MONT | A and the if applicable. (NOTE: R D DIRECTORS DELETE 840 G 1G2 DELETE REAL, QUEBEC | 13. 1.1 TITU 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITU 2.2 NAM 2.3 STRI 2.4 CITY | EETADORESS ESTADORESS -ST-ZP ETADORESS -ST-ZP | D PC 86 | ADDITIONS/CHANGES TO OF DMERANTZ, Saul 500 Decarie Blvd | FICERS AN | D DIRECTO Change te 200 H4P_2N | RS IN 12 X Addition Addition | CD2FC24 (4469) |
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14. I hereby certify that the information supplied with this filing does not quality 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 eath; that I am an officer or director of the corporation or the receiver or intister 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 appreass, with all other like empowered.

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