

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

FILED

Feb 28 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 # **S04834** (5)
1. Corporation Name
RICHARD M. GROFF ADVISORY SERVICES CORP.



Principal Place of Business 350 5TH AVE SOUTH SUITE 201 NAPLES FL 33940 US	Mailing Address 350 5TH AVE SOUTH SUITE 201 NAPLES FL 34102-6524 US
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2. Principal Place of Business 21 2640 GOLDEN GATE PARKWAY Suite, Apt. #, etc. 22 SUITE 101 City & State 23 NAPLES, FLORIDA Zip 24 34105	2a. Mailing Address 26 2640 GOLDEN GATE PARKWAY Suite, Apt. #, etc. 27 SUITE 101 City & State 28 NAPLES, FLORIDA Zip 29 34105	Country 25 COLLIER Country 30 COLLIER
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3. Date Incorporated or Qualified 10/05/1990	3a. Date of Last Report 03/04/1996
4. FEI Number 65-0219292	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GEHRKE, CAHRLS R 3001 TAMiami TRAIL N 2375 TAMiami TRAIL NORTH, SUITE 308 NAPLES FL 33941	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	PDS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON-GROFF, JOAN C	1.2 NAME	
STREET ADDRESS	27200 ENCLAVE DR.	1.3 STREET ADDRESS	27340 HIDDEN RIVER CT.
CITY - ST - ZIP	BONITA SPRINGS FL 33923	1.4 CITY - ST - ZIP	Bonita Springs, FL 34134
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROFF, RICHARD M	2.2 NAME	
STREET ADDRESS	27200 ENCLAVE DR.	2.3 STREET ADDRESS	27340 HIDDEN RIVER CT.
CITY - ST - ZIP	BONITA SPRINGS FL 33923	2.4 CITY - ST - ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, or on an attachment with an address.

SIGNATURE *[Signature]* **REQUIRED** **X 2/19/97** **941-4340885**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)