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

PROFIT FLORIDA DEPARTMENT OF STATE . CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State

FILED May 18 1998 8:00am Secretary of State

	1998	A TO THE	DIVISION OF CO	ORPORATI	IONS				
1. Corporation	MENT # GROVES, INC	V17834	(5)					Oldu biðir í	181) 610) 1861
Principal Place	·=·		Mailing Address	·			. Lineri Afraet iteti raset falsa titit aist Afrit mikil	#1911 B1911 B	fåin Ellin indi
10661 SW 861H ST 10661 SW 88 ST									
SUITE 112 MIAMU FL 331	76	SLHTE 112 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			
							02/28/1992		
—	ace of Business	300 Shed	28. Mailing Address	つちゃ	KI -	1	4. FEI Number		Applied For
21 5 (2) (2) Suite, Apt.		2 JUNE	26 Suite, Apt. #, etc.	, (, ,)	Strile.	<u>. </u>	65-0319686		Not Applicable
22 Suit				08			5. Certificate of Status Desired		Additional Required
City & State		4	City & State				6. Election Campaign Financing		0 May Be
23 30 wt	n mian	1, +1-	28 South	mai	17 FC		Trust Fund Contribution		d to Fees
Zip		Country	Zip	Countr	<u>7</u> 5		8. This corporation owes or has paid the cur		
24 571	역 <u>기</u> 25	US.	1-1	30 (1)		Personal Property Tax due June 30. 10. Name and Address of New Registered.		□ No
		Address of Current I	negistered Agent	81	Name _		10. Name and Address of New Registered	agent	
	OMPSON, SAM			ļ	L.	T			
8835 NW 3RD COURT CORAL SPRINGS FL 33071					Street A	ddre	ss (P.O. Box Number is Not Acceptable)		ľ
00	THE SEMINOS	FL 3307 F		83	 				
					1 0:			1221 25	
				84	City		FL	85 Zip	o Code
11. Pursuant to office or reagent. Lar	to the provisions of egistered agent, of the familiar with, and the familiar with, and the familiar with, and the familiar with the famili	of Sections 607.0502 a or both, in the State of ad accept the obligation	and 607.1508, Florida Statute Florida. Such change was at ons of, Section 607.0505, Flor	s, the abou thorized b ida Statute	re-named c by the corpo	orpo	ration submits this statement for the purpose of on's board of directors. I hereby accept the app	changing ointment a	its registered as registered
SIGNATURE	_	_							ì
12.	Signature typed or print	ed name of registered agent a		Registered Ag	jent signature re	equirec	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	SDC IN 40
TITLE	PD	OFFICERS AND I	DELETE	1.1 TITLE		0		Change	
NAME	SECKINGER	DANIEL		1.2 NAME	1	3,	eckinson Oaniel	•	1
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TITLE	\$		DELETE	2.1 TITLE		_<		Change	☐ Addition (
NAME	SECKINGER			22 NAME	t	S	eckinger Potricia		- 4
STREET ADDRESS		8TH STREET, STE	112	2.3 STREE	T ADDRESS	50		to 2	00
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TITLE			☐ DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME	.]				Ì
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STREET ADDRESS					T ADDRESS				ĺ
CITY-ST-ZIP				6.4 CITY-	ST-ZIP				
14. I hereby o	ertify that the info	rmation supplied with	this filing does not qualify for	the exemp	otion stated	in S	ection 119.07(3)(i), Florida Statules. I further ce shall have the same legal effect as if made un-	rtify that th	ne information

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.