


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

FILED  
May 18 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 # V17834 (5) 1. Corporation Name JUICE GROVES, INC.					
Principal Place of Business 10661 SW 88TH ST SUITE 112 MIAMI FL 33176 US			Mailing Address 10661 SW 88 ST SUITE 112 MIAMI FL 33176 US		
2. Principal Place of Business 21 5900 SW 73rd Street Suite, Apt. #, etc. 22 Suite 208 City & State 23 South Miami, FL Zip 24 33143 Country 25 US		2a. Mailing Address 26 5900 SW 73rd Street Suite, Apt. #, etc. 27 Suite 208 City & State 28 South Miami FL Zip 29 33143 Country 30 US		3. Date Incorporated or Qualified 02/28/1992 4. FEI Number 65-0319686 Applied For Not Applicable 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THOMPSON, SAMMY A 8835 NW 3RD COURT CORAL SPRINGS FL 33071			10. Name and Address of New Registered Agent 81 Name T 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 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 PD NAME SECKINGER, DANIEL STREET ADDRESS 1400 N.W. 12TH AVE. CITY-ST-ZIP MIAMI FL TITLE S NAME SECKINGER, PATRICIA STREET ADDRESS 10661 SW 88TH STREET, STE 112 CITY-ST-ZIP MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME Seckinger, Daniel 1.3 STREET ADDRESS 5900 SW 73rd Street Suite 208 1.4 CITY-ST-ZIP South Miami, FL 33143 2.1 TITLE S 2.2 NAME Seckinger Patricia 2.3 STREET ADDRESS 10661 SW 88th Street Ste 208 2.4 CITY-ST-ZIP South Miami, FL 33143 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

SIGNATURE:

David Seckinger / David Seckinger - 31-98 305-6678665