

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V17834 (5)**

1. Corporation Name  
**JUICE GROVES, INC.**



Principal Place of Business	Mailing Address
10661 SW 88TH ST SUITE 112 MIAMI FL 33176 US	10661 SW 88 ST SUITE 112 MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5900 SW 73 <sup>RD</sup> Street	26 5900 SW 73 <sup>RD</sup> Street
22 Suite 208	27 Suite 208
23 South Miami, FL	28 South Miami FL
24 Zip 33143	25 Country US
	29 Zip 33143
	30 Country US

3. Date Incorporated or Qualified	Applied For
02/28/1992	Not Applicable
4. FEI Number	
65-0319686	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECKINGER, DANIEL	1.2 NAME	Seckinger Daniel
STREET ADDRESS	1400 N.W. 12TH AVE.	1.3 STREET ADDRESS	5900 SW 73 <sup>RD</sup> Street Suite 208
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	South Miami, FL 33143
TITLE	\$ <input type="checkbox"/> DELETE	2.1 TITLE	\$ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECKINGER, PATRICIA	2.2 NAME	Seckinger Patricia
STREET ADDRESS	10661 SW 88TH STREET, STE 112	2.3 STREET ADDRESS	5900 SW 73 <sup>RD</sup> Street Ste 208
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	South Miami, FL 33143
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 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: *Daniel Seckinger / Daniel Seckinger - 31-98 305-6678665*

CR2E034 (10/97)