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

PROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V28803**

GROVE PARK, INC.

			•		
Principal Plac	ce of Business	Mailing Address		( 1940 91140 1961 1912 1911 6616 9191 9191 9191 9191	
5301 OAKLANI	D RO.	5301 OAKLAND RD		•	
SEBRING FL 3	3870	SEBRING FL 33870		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
				DO NOT WRITE IN THIS SPACE	
	•	•		3. Date Incorporated or Qualifed	
				04/15/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For	'n
21	•	26		<b>59-3123587</b> ,, Not Applicable	1
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	. ,	5. Certificate of Status Desired	,e i
City & Star	ite .	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29	30	Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent .	
	The state of the s		81 Name		
	IN, MARVIN	•	82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	•
	1 OAKLAND RD.		· Suect Ad	COLDER TO THE A CALL STATE OF A S	
SEB	BRING FL 33870	•	83	16-14 製造型工作等等用表現對點。對於與對對數	
	•			「日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日	
			84  City	85 Zip Code	
			·		
11. Pursuant	t to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	es, the above-named co	propration submits this statement for the purpose of changing its registered	
office or i	registered agent, or both, in the State.	of Florida. Such change was at	uthorized by the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at	uthorized by the corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
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office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obliga  Signature, typed or printed name of registered ager  OFFICERS AN  D KAHN, MARVIN	of Florida. Such change was altions of, Section 607.0505, Florint and title if applicable. (NOTE:  D DIRECTORS	thorized by the corporarida Statutes.  Registered Agent signature requirements of the statutes	uired when reinstating) 1 DATE     OJE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E024 (44/08)
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office or agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	registered agent, or both, in the State arm familiar with, and accept the obliga  Signature, typed or printed name of registered agen  OFFICERS AN  D  KAHN, MARVIN  5301 OAKLAND RD.  SEBRING FL	of Florida. Such change was altions of, Section 607.0505, Flor  at and title if applicable. (NOTE:  D DIRECTORS	uthorized by the corporarida Statutes.  Registered Agent signature requirements of the signature	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	CD0E004 (44/00)
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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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

**SIGNATURE** 

SSUI OMPLANDED.

3. 四种设备

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE.

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90027 008 \*\*\*150.00

Addition