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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29719

(4)

J. BENNETT GROCOCK, P.A.

Principal Place of Business Mailing Address						- I HARAN BANDAN HARAN KANAN MARAN KANAN MARAN	/////	
126 E. JEFFERS ORLANDO FL 32 US		126 E. JEFFERSON ST ORLANDO FL 32801-1822 US	ORLANDO FL 32801-1822					
						3. Date Incorporated or Qualified 04/13/1992	3a. Date of La 02/19/199	· I
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
21		26				59-3119597		Not Applicable
Suite, Apt 4		Suite, Apt #, etc.	27			5. Certificate of Status Desired	Fee	5 Additional Required
City & State	2	City & State				6. Election Campaign Financing		00 May Be
<b>23</b> Zip	Country	28	Zip Country			Trust Fund Contribution		led to Fees
24	25				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
241	9. Name and Address of Cui		[30]			10. Name and Address of New Registered Agent		
GRO	COCK, J. BENNETT	<del></del>		81	Name		<del></del>	
	E. JEFFERSON ST.			82	Stroat Adv	dress (P.O. Box Number is Not Acceptab	do)	
	ANDO FL 32801		62 Sireet Ad			JESS (F.O. DOX NUMBER IS NOT ACCOPTED		
<b>~</b> 1~	WIDO I E GROW.			83				
				64	City		FL 85	Zip Code
office or re agent. Lar SIGNATURE	to the provisions of Sections 607, egistered agent, or both, in the S rn familiar with, and accept the of Signature spect or junied have or regularis	tate of Florida. Such change was bligations of, Section 607.0505, F	s authorize Florida Stat	d by tutes	the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	purpose of changir of the appointment	ng its registered
12.		AND DIRECTORS	13.	J Age	ur situarus indi	ADDITIONS/CHANGES TO OFFICE		TORS IN 12
TITLE	D	DELETE	1.1 70	TLE			Char	
NAME	GROCOCK, J. BENNETT		1.2 N/	AME				
STREET ADDRESS	126 E JEFFERSON ST		1,3 \$1	TREET	ADDRESS			
City - St - ZiP	ORLANDO FL		1.4 CI	ITY-SI	.T-ZIP		<u>,</u>	
TITLE		☐ DELETE	2.1 TI	TLE			Char	nge
NAME			2.2 NAME					
STREET ADDRESS			2.3 \$1	2.3 STREET ADDRESS				
City+St-ZiP		Doc. cvr		2. 4 City-ST-ZIP		*	71.00	4.4400
TITLE		☐ DELETE	3.1 71				Char	nge 🔲 Addition
NAME			3.2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. C		ST - ZIP		Char	nge 🔲 Addition
TITLE			4.1 II				had Vene	igo 🗀 ridomon
NAME CIDEST ADDRESS					ADDRESS			
STREET ADORESS  CITY-ST-ZIP			•	ITY-S	1			
TITLE		DELETE	5.1 TI		1.514		☐ Char	nge Addition
NAME			5.2 N				•	
STREET ADORESS					ADDRESS			
CITY ST-ZIP				ITY-S				ļ
TITLE		☐ DELETE	6.1 TI				☐ Char	nge 🔲 Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREEF	ADDRESS			
CITY-ST-ZIP				ITY-S	i i			
14. Edo heret informatio Lam an ol	on indicated on this arinual report ifficer or director of the corporation	or supplemental annual report is on or the receiver or trustee empo	alify for the strue and a owered to e	exe	emption state urate and th	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made	e under oath; that
appears i	in Block 12 or Block 13 it change	d, or on an attachment with an ac	ddress.					

**SIGNATURE:** 

SIGNATURE AND STED OF PHINTED NAME OF SIGNING OFFICER OF DIBECTOR

1/3/97

407-422 0300

**FILED** 

Jan 29 1997 8:00am

Secretary of State

Daytime Phone #

R2E034 (9/9K)