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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

V36275

(8)

KNOLLWOOD GROVES, INC.

FILED Mar 03 1998 8:00am Secretary of State

- 1 **188**1 | 1881 | 1882 | 1883 | 1884 | 1884 | 1884 | 1885 | 1884 | 1885 | 1885 | 1885 | 1885 | 1885 | 1885 |

Principal Place of Business Mailing Address						
-						
8053 LAWRENCE ROAD 8053 LAWRENCE ROAD			400			
BOYNTON BEACH FL 33436		BOYNTON BEACH FL 33436 US		DO NOT WRITE IN THIS SPACE		
1		00			3. Date Incorporated or Qualified	
Ī					05/14/1992	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 28					65-0345810	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					-	\$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5,00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country		Countr	y	8. This corporation owes or has paid the co	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	☑ Yes ☐ No
9. Name and Address of Current Registered Agent				1	10. Name and Address of New Registered	i Agent
DV	vyer, barbara		81	Name		
8053 LAWRENCE ROAD			82	Street Add	fress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33436						
			B3			
			84	City		85 Zip Code
			1	•	FI	L ' '
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 register.						
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		E. Registered Ag	ent signature requi	ired when reinstating) DATE	
12,		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD	DELETE 1.1 TI		ŀ		☐ Change ☒ Addition
NAME	HOWARD, VERNON		1.2 NAME	•		
STREET ADDRESS	7159 THOMPSON ROAD		1.3 STREE	T ADDRESS		H
CITY-ST-ZIP	LANTANA FL		1.4 CITY - 3	ST-ZIP		33462
TITLE	VD	☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	ADDRESS		
CITY-ST-ZIP			2.4 CITY-	ST-ZIP		
TITLE	VD	DELETE 3.1 T			and the state of t	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS	7159 THOMPSON RD.		3.3 STREE	ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		3.4. CITY-	ST - ZIP		
TITLE	SD	DELETE	4.1 TITLE			Change
NAME	DWYER, BARBARA		4. 2 NAME			
STREET ADDRESS	836 KINGSTON DM	·	4.3 STREET	ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		4.4 CITY-5	T-ZIP		
TITLE	TD	☐ DELETE	5.1 TITL€	_		Change 🔀 Addition
NAME	SCOTT , GLORIA L.		5.2 NAME			
STREET ADDRESS	18 PEPPERWOOD COURT		5.3 STREET	ADDRESS		
CITY-ST-ZIP	LANTANA FL		5.4 CITY - S	T-ZIP		33462
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			

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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP