


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90076 021 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V36275					
1. Corporation Name KNOLLWOOD GROVES, INC.					
Principal Place of Business 8053 LAWRENCE ROAD BOYNTON BEACH FL 33436 US			Mailing Address 8053 LAWRENCE ROAD BOYNTON BEACH FL 33436 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/14/1992	
				4. FEI Number 65-0345810	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DWYER, BARBARA 8053 LAWRENCE ROAD BOYNTON BEACH FL 33436			10. Name and Address of New Registered Agent 81 Name 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	<input type="checkbox"/> DELETE			
NAME	HOWARD, VERNON				
STREET ADDRESS	7159 THOMPSON ROAD				
CITY-ST-ZIP	LANTANA FL 33462				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	SCOTT, WALTER J				
STREET ADDRESS	308 ELIZABETH RD.				
CITY-ST-ZIP	LAKE WORTH FL 33461				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	HOWARD, MARION				
STREET ADDRESS	7159 THOMPSON RD.				
CITY-ST-ZIP	LANTANA FL 33462				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	DWYER, BARBARA				
STREET ADDRESS	836 KINGSTON DM				
CITY-ST-ZIP	LANTANA FL 33462				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	SCOTT, GLORIA L				
STREET ADDRESS	18 PEPPERWOOD COURT				
CITY-ST-ZIP	LANTANA FL 33462				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP		BOYNTON BEACH FL 33426			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP		BOYNTON BEACH FL 33426			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP		BOYNTON BEACH FL 33426			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE:

Gloria L. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99
Date

561-734-4800
Daytime Phone #

CR2E034 (11/98)

0345274