

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V62381 (1)**

1. Corporation Name
THE GROOVE TUBE, INC.



Principal Place of Business: **980 NORTH HIGHWAY A1A INDIALANTIC FL 32903**
Mailing Address: **980 NORTH HIGHWAY A1A INDIALANTIC FL 32903**

3. Date Incorporated or Qualified: **09/03/1992**
3a. Date of Last Report: **06/22/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	FEI Number 59-3145584	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	City & State	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Zip	30	Country	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SETTGAST, DAVID C.
980 N. HIGHWAY A1A
INDIALANTIC FL 32903**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 or director

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTGAST, DAVID C.	1.2 NAME	
STREET ADDRESS	111 MEDINA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DIANE	2.2 NAME	
STREET ADDRESS	330 AVENIDA DE LA VISTA	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diane Young **Diane Young** 4/29/96 407/723-5267
Date: _____ Daytime Phone # _____

CR2E034 (12/95)