

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:12

DOCUMENT # 762059 (4)
1. Corporation Name
GREENTREE SERVICES, INC.

Principal Place of Business Mailing Address
P.O. BOX 4241 BOYNTON BCH FL 33424-4241 **P.O. BOX 4241 BOYNTON BCH FL 33424-4241**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1992** 3a. Date of Last Report **02/14/1994**
4. FEI Number **59-2163142** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

FALLARINO, JULIA
4747-A STORKWOOD WAY
BOYNTON BCH 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	S
NAME	QUEST, ALICE
STREET ADDRESS	4660A GREENTREE PLACE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	T
NAME	FALLARINO, JULIA
STREET ADDRESS	4747-A STORKWOOD WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 00000
TITLE	D
NAME	GOLIA, ORESTE
STREET ADDRESS	4787A GREENTREE WAY
CITY-ST-ZIP	BOYNTON BEACH, FL 00000
TITLE	D
NAME	MANZELLA, SARA
STREET ADDRESS	4743A STORKWOOD LANE
CITY-ST-ZIP	BOYNTON BEACH FL
TITLE	V
NAME	MASIAK, DANIEL
STREET ADDRESS	4831B DOVEWOOD CIR.
CITY-ST-ZIP	BOYNTON BCH FL
TITLE	D
NAME	BUCOLO, JAMES
STREET ADDRESS	4700B FINCHWOOD RD.
CITY-ST-ZIP	BOYNTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANNE BOLLATI
1.3 STREET ADDRESS	4739-B Storkwood Lane,
1.4 CITY-ST-ZIP	Boynton Beach, FL. 33436
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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Di LEONARDO, GEORGE
4.4 CITY-ST-ZIP	4743-B Storkwood Lane, Boynton Beach, FL. 33436
5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JULIA FALLARINO** *Julia Fallarino* **2/8/95 (407) 737-3554**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE (Type in Four Digits)