

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762059

(4)

1. Corporation Name
GREENTREE SERVICES, INC.



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

3. Date incorporated or Qualified **02/23/1982** 3a. Date of Last Report **02/15/1995**
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**
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 28 Country 29 Zip 30 Country

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOLLATI, ANNE	
STREET ADDRESS	4739-B STORKWOOD LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FALLARINO, JULIA	
STREET ADDRESS	4747-A STORKWOOD WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GOLIA, ORESTE	
STREET ADDRESS	4767A GREENTREE WAY	
CITY-ST-ZIP	BOYNTON BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DI LEONARDO, GEORGE	
STREET ADDRESS	4743-B STORKWOOD LANE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MASIAK, DANIEL	
STREET ADDRESS	4831B DOVEWOOD CIR.	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCOLO, JAMES	
STREET ADDRESS	4700B FINCHWOOD RD.	
CITY-ST-ZIP	BOYNTON BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Alice Quest	
1.3 STREET ADDRESS	4660-A Greentree Pl	
1.4 CITY-ST-ZIP	Boynton Beach, FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel L. Masiak* **5-15-96** **737-6029**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Daniel L. Masiak, Pres

CR2E037 (12/95)