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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 P.O. BOX 4241 BOYNTON BCH FL 33424-4241

3. Date Incorporated or Qualified 02/23/1982 3a. Date of Last Report 05/21/1996
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 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 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUEST, ALICE	1.2 NAME	Zacks, Archie
STREET ADDRESS	4660 A GREENTREE PL	1.3 STREET ADDRESS	10190-A Eaglewood Rd
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLARINO, JULIA	2.2 NAME	cote, Raymond
STREET ADDRESS	4747-A STORKWOOD WAY	2.3 STREET ADDRESS	4860 A Equestrian Circle
CITY-ST-ZIP	BOYNTON BEACH, FL 00000	2.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLIA, ORESTE	3.2 NAME	Rogers, Robert
STREET ADDRESS	4767A GREENTREE WAY	3.3 STREET ADDRESS	4854 B Dovewood Circle
CITY-ST-ZIP	BOYNTON BEACH, FL 00000	3.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DI LEONARDO, GEORGE	4.2 NAME	Giuseffi, Andrew
STREET ADDRESS	4743-B STORKWOOD LANE	4.3 STREET ADDRESS	4660 B Finchwood Terrace
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	Boynton Beach, FL 33436
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASIAK, DANIEL	5.2 NAME	
STREET ADDRESS	4831B DOVEWOOD CIR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCOLO, JAMES	6.2 NAME	
STREET ADDRESS	4700B FINCHWOOD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* 4/28/97 561-722-3554

CR2E037 (9/96)