

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Taxation of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

05 MAY - 1 PM 10: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G27570** (2)

**GREG ENTERPRISES, INC.**

Principal Office Location: **9625 DOMINICAN DRIVE MIAMI FL 33189-1638**  
Mailing Address: **9625 DOMINICAN DRIVE MIAMI FL 33189-1638**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation/Qualification: <b>03/10/1983</b>	3a. Date of Last Report: <b>04/29/1994</b>
4. FFI Number: <b>65-0116567</b>	Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for charitable tax under 1993 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Previous Office Location: <b>21</b>	2a. Mailing Address: <b>26</b>
22. County: <b>27</b>	27. City & State: <b>28</b>
24. <b>25</b>	29. <b>30</b>

9. Name and Address of Current Registered Agent  
**TAFFER, JACK J ESQ  
3301 NORTHEAST 2ND AVE  
MIAMI FL 33137**

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. I, the undersigned, the president of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office as required by part 1 of chapter 607, Florida Statutes, and that change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am taking this office as the principal office of the corporation in Florida.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICE EMPLOYEES (FEE)	13. AGENTS (FEE)
NAME: <b>PD CAREY, GREG</b> ADDRESS: <b>9625 DOMINICAN DRIVE MIAMI FL</b>	1. NAME: _____ 2. OFFICE ADDRESS: _____ 3. CITY, STATE, ZIP: _____
NAME: <b>SVD CAREY, PAT</b> ADDRESS: <b>9625 DOMINICAN DR MIAMI, FL 00000</b>	4. NAME: _____ 5. OFFICE ADDRESS: _____ 6. CITY, STATE, ZIP: _____
NAME: <b>D CLEMENTS, MICHAEL</b> ADDRESS: <b>9625 DOMINICAN DR MIAMI, FL 00000</b>	7. NAME: _____ 8. OFFICE ADDRESS: _____ 9. CITY, STATE, ZIP: _____
NAME: <b>D CLEMENTS, JENNIFER</b> ADDRESS: <b>9625 DOMINICAN DR MIAMI, FL 00000</b>	10. NAME: _____ 11. OFFICE ADDRESS: _____ 12. CITY, STATE, ZIP: _____
NAME: _____ ADDRESS: _____	13. NAME: _____ 14. OFFICE ADDRESS: _____ 15. CITY, STATE, ZIP: _____
NAME: _____ ADDRESS: _____	16. NAME: _____ 17. OFFICE ADDRESS: _____ 18. CITY, STATE, ZIP: _____
NAME: _____ ADDRESS: _____	19. NAME: _____ 20. OFFICE ADDRESS: _____ 21. CITY, STATE, ZIP: _____

14. I, the undersigned, certify that the information requested with this filing is accurately furnished and does not equally for the corporation stated in tax laws of the state of Florida. I further certify that the information requested on this filing is accurate and does not equally for the corporation stated in tax laws of the state of Florida. I further certify that the information requested on this filing is accurate and does not equally for the corporation stated in tax laws of the state of Florida. I further certify that the information requested on this filing is accurate and does not equally for the corporation stated in tax laws of the state of Florida.

SIGNATURE: *Dorothy Ann Gregory Carey* **GREGORY CAREY** 4/29/95 305 232-8195  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR