

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

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265
PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000040453 (0)**

1. Corporation Name
GREENFIELD KATZ PROPERTIES, INC.



Principal Place of Business: **ONE LINCOLN PLACE, 1900 GLADES ROAD SUITE 400 BOCA RATON FL 33431**
Mailing Address: **ONE LINCOLN PLACE, 1900 GLADES ROAD SUITE 400 BOCA RATON FL 33431**

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

3. Date Incorporated or Qualified: **05/31/1994** 3a. Date of Last Period: **05/01/1995**
4. FEI Number: **65-0498296** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**GREENFIELD, WILLIAM R
1900 GLADES ROAD #400
~~SUITE 201 EAST BLDG.~~
BOCA RATON FL 33431**

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 607.1506, 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 of the person submitting this report as required by Chapter 607, Florida Statutes. Date of Filing: Registered Agent signature as required by Chapter 607, Florida Statutes. DATE

12. OFFICERS AND DIRECTORS	
12.1 TITLE	<input type="checkbox"/> DELETE
12.2 NAME	P GREENFIELD, WILLIAM
12.3 STREET ADDRESS	1900 GLADES ROAD #400
12.4 CITY - ST - ZIP	BOCA RATON FL
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	33431
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 or 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: *W. R. Greenfield* 2/1/96 (407)392-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF FILING

CR2E034 (12/95)