

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

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2666  
PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V47154** (2)

1. Corporation Name  
**GREENFIELD KATZ DEVELOPMENT COMPANY**



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

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

3. Date Incorporated or Qualified: **06/30/1992**      3a. Date of Last Report: **06/20/1995**  
4. FEI Number: **65-0347678**      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

9. Name and Address of Current Registered Agent  
**GREENFIELD, WILLIAM R.  
1900 GLADES ROAD  
SUITE 400  
BOCA RATON FL 33431**

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 607.1502, 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      TITLE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: <b>DP GREENFIELD, WILLIAM R.</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: <b>1400 S.W. 19TH ST.</b>		1.2 NAME:	
CITY, STATE, ZIP: <b>BOCA RATON FL</b>		1.3 STREET ADDRESS:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP: <b>33486</b>	
NAME: <b>GREENFIELD, MARGARET</b>		2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS: <b>1400 S.W. 19TH ST.</b>		2.2 NAME:	
CITY, STATE, ZIP: <b>BOCA RATON FL</b>		2.3 STREET ADDRESS:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP: <b>33486</b>	
NAME: <b>KATZ, STANLEY M</b>		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2 N. BREAKERS ROW, N45</b>		3.2 NAME:	
CITY, STATE, ZIP: <b>PALM BEACH FL 33480</b>		3.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		3.4 CITY-STATE-ZIP:	
NAME: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		4.2 NAME:	
CITY, STATE, ZIP: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP:	
NAME: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		5.2 NAME:	
CITY, STATE, ZIP: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP:	
NAME: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.2 NAME:	
CITY, STATE, ZIP: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS:	
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attached sheet with an address.

SIGNATURE: *William R. Greenfield*      2/1/96      (407) 392-6662  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date of Filing

CR2E034 (12/95)