PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000057495**

STREET ADDRESS

CITY-ST-ZIP

GREEN TEAM ENTERPRISES, INC.

Principal Place of Business		Mailing Add	Iress					BRIST MEIN MBILL BRIG	#1411 IMPIL BIES	19191 3111 1231
4260 N.W 1ST AVE		4260 N.W. 1ST AVE								
STE 54		STE 54								
1			BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qu	ialited ·		1
		T					00/01/1001		·	nlind For
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number 65-0507487) - - '	plied For t Applicable
21		26					1041000-00		\$8.75	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Des	ired 🔲 .	Fee Re	I .	
22		27 City & S	itato			·	A Floriton Convoinn Fina	- ning	\$5.00	
City & Stat	ie .	_ ├ ─ `	state				6. Election Campaign Fina Trust Fund Contribution		Added	
Zip			Zip Country					so current year in		
⊢ –				٠,		Personal Property Tax.	s corporation owes the current year Intangible			
24	9. Name and Address of Curren			30]			10. Name and Address of	New Registered	Agent	
	3. Haine and Address of Curren			8	11	Name				
ROG	BERS, JON S			L				. 17.3		
i	N.W. 1ST AVE	•		8	2	Street Add	fress (P.O. Box Number is Not A	(cceptable)		
STE	. 54			8	3					
	CA RATON FL 33431			L						
1				8	14	City		Fl	85 Zip	Code
44 Diversiont	to the provisions of Sections 607.050	2 and 607 1508	Elorida Statuto	s the abo	WA-	named con	poration submits this statement	for the purpose o	f changing its	registered
l office or r	registered agent, or both, in the State	of Florida, Such	change was au	thorized D	οyτ	he corporati	ion's board of directors. I hereby	accept the appo	intment as re	gistered
agent. La	m familiar with and accept the obliga	tions of, Section	607.0505, Flori	da Statute	es.	Ω	_ 1	laa		
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable	~ Kogs	Panistored An	nent :	signature require	ed when reinstating)	199 DATE		{
12.		ID DIRECTORS	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.	your c	signaturo roquir	ADDITIONS/CHANGES		ND.DIRECTO	RS IN 12
TITLE	P		DELETE	1.1 TITLE	:	T	Pres		Change	Addition
NAME	ROGERS, JON S			1.2 NAME	E		1,2017 Ladren	I		
STREET ADDRESS	ACCOUNTS ACT AND OTHER					ADDRESS	4260 NW 13+A	Je #54		
į	BOCA RATON FL 33431			1.4 CITY		- 1	Rose Dalan E	L 3343	1	,
CITY-ST-ZIP TITLE	VTD		☐ DELETE	2.1 TITLE		2.11	VP	<u> </u>	Change	☐ Addition
	ROGERS, JON S			2.2 NAMI			0,	` ^ `		
NAME	AGOS MINE ACT AND OTE CA					ADDRESS	trains 151 st	tive refrest		}
STREET ADDRESS	BOCA RATON FL 33431			2.4 C(TY			9200 NO 1-7	T. 200	431	
CITY-ST-ZIP	VP		DELETE	3 1 TITLE		-212	15000 KANDIN,	1-C 33	Change	Addition
TITLE	PHINNEY, MARK			3.2 NAMI			•	•		_
NAME	ADDO NIN ACT AND OTT FA					ADORESS				
STREET ADDRESS	BOCA RATON FL 33431					i				<u>i</u>
CITY-ST-ZIP	BOCA RATON FE 33431		□ DÉLETÉ	3.4. CITY 4.1 TITUE	_	-212			Change	Addition
TITLE			_ SELETE							
NAME				4. 2 NAV		4D00000				
STREET ADDRESS				l l		ADDRESS				
CITY-ST-ZIP			DELETE	4 4 CITY		-ZiP				Addition
TITLE			LIDELETE		=				Change	1 AOUIUOn I
NAME				5.1 TITLE 5.2 NAMI			:		Change	Addition
STREET ADDRESS				5.2 NAM	E	ADDRESS :	:		Change	Addition
1				5.2 NAMI 5.3 STRE	E EET#	ADDRESS	:		☐ Change	: Addition
CITY-ST-ZIP				5.2 NAMI 5.3 STRE 5.4 CITY	E EET# -ST-		:			
CITY-ST-ZIP			☐ DELETE	5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE	E EET# -ST- E		:		☐ Change	Addition
				5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAMI	E EET# -ST- E		:			

6.4 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an extrachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90004 004 ***150.00