## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000065410

1. Corporation Name

GREYLOCK ASSOCIATES, INC.

## **FILED** Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90006 011 \*\*\*150.00



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Principal Place	of Business	Mailing Address			i i i i i i i i i i i i i i i i i i i	TIIDI EINI AIREI	11811 0811 1881
283 RIVER DRIV TEQUESTA FL 3	283 RIVER DRIVE TEQUESTA FL 33469			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualifed		
					07/28/1997		
Principal Place of Business     2a. Mailing Address					4. FEI Number		
26					65-0773997		t Applicable
Suite, Apt.	Suite, Apt. #, etc.	tc.		5. Certificate of Status Desired	\$8.75 A		
22	27			5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip	— <u> </u>	Country		8. This corporation owes the current year Int			
24 25 29 30				Personal Property Tax. Yes No			
_	9. Name and Address of Current	Registered Agent		<u></u>	10. Name and Address of New Registered	Agent	
200	MARINI OARV		81	Name			
ROSMARIN, GARY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
283 RIVER DRIVE			L				
IEQU	JESTA FL 33469		83	il 			l l
1			84	City		85 Zip (	Code
				1 -		<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.							
SIGNATURE					ed when reinstating) DATE		}
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ent signature require	ad when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	AD DIRECTO	RS IN 12
12.			,1 TITLE	· <del></del>	ADDITIONS/GIANGES TO STY ISERIO XI	Change	Addition
TITLE	D COURINANI, CARV		.2 NAME			_ •	_ [
NAME	SCHUMAN, GARY			TADORESS			ĺ
STREET ADDRESS	621 C STREET NORTHEAST	I.		ļ			ļ
CITY-ST-ZIP	WASHINGTON DC 20002		4 CITY-S	SI-ZIP		Change	Addition
TITLE	D CALLED IN CARV	_			,		
NAME	ROSMARIN, GARY		.2 NAME				ļ
STREET ADDRESS	283 RIVER DRIVE			TADDRESS			i i
CITY-ST-ZIP	TEQUESTA FL 33469		. 4 CITY-	ST-ZIP		☐ Change	☐ Addition
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NAME			NAME				
STREET ADORESS		3		ET ADDRESS			•
CITY-ST-ZIP			1.4, CITY- 1.1 TITLE	St-ZIP		☐ Change	Addition
TITLE		<del></del> ,				[-] 0.10.19-	
NAME		1	, 2 NAME				}
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TITLE			S,1 TITLE			□ citatiĝe	L Addition
NAME			i,2 NAME				
STREET ADDRESS	<b>\</b>	1		ET ADDRESS			{
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	,		3.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ļ
STREET ADDRESS		ε	3.3 STREE	ET ADDRESS			

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 supplied ental 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 attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

5617486344