

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name
GREENWICH, INC.

Principal Place of Business
1855 SW 50 AVE
FT. LAUDERDALE FL 33317-6199

Mailing Address
1855 SW 50 AVE
FT. LAUDERDALE FL 33317-6199

3. Date Incorporated or Qualified 01/25/1958	3a. Date of Last Report 03/15/1995
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6065453		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State					
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWAB, MICHAEL H
1955 S.W. 50TH AVE.
FT. LAUDERDALE FL 33317

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

$$\text{Na}^+ \text{F}^-$$

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHAEL, HENRIETTA	
STREET ADDRESS	3400 S. OCEAN BLVD., #3F	
CITY - ST - ZIP	PALM BEACH FL 33480	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	DONNER, EDWARD	
STREET ADDRESS	3555 S. OCEAN BLVD., #14	
CITY - ST - ZIP	PALM BEACH FL 33480	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MICHAEL, I	
STREET ADDRESS	3400 S. OCEAN BLVD., #3F	
CITY - ST - ZIP	PALM BEACH FL 33480	

CITY - ST - ZIP	STATE - ZIP - CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME MICHAEL H. SCHWAB

1.3 STREET ADDRESS 1955 SW 50 AVE.

1.4 CITY - ST - ZIP FT. LAUDERDALE FL 33317

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	400001753314	
3.3 STREET ADDRESS	-03/21/96--01093--011	
3.4 CITY - ST - ZIP	***200.00	

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Lat]

Daytime Phone # _____

03-04-96 (954) 583-4223

CR2E034 (12/95)