FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **261370** **(1)**

1. Corporation Name
GREEN RIDGE GROVES INC

Principal Place of Business
7845 BERMUDA RD.
LAS VEGAS NV 89123

Mailing Address
7845 BERMUDA RD.
LAS VEGAS NV 89123

3. Date Incorporated or Qualified: 07/31/1962
3a. Date of Last Report: 01/24/1995
4. FEI Number: 59-6197380 — 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

2. Principal Place of Business
21 Street Address
22 City, State
23 Zip 24 Country 25

2a. Mailing Address
26 Street Address
27 City, State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
RIESENBERG, RICHARD L.
18305 BISCAYNE BLD.
SUITE 303
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name: RIESENBERG, RICHARD L
82 Street Address (P.O. Box Number is Not Acceptable): 644 E. HALLANDALE BEACH BLVD
83
84 City: HALLANDALE FLA. FL 85 Zip Code: 33009

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS

TYPE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PD	OGRODOWSKI,STANLEY	6100 N.W. 18TH COURT	SUNRISE FL	☐
STD	SCHELBERT, LEON	7845 BERMUDA RD.	LAS VEGAS NV	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TYPE	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

14. I hereby certify that the information supplied within this filing, 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 the 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 Blocks 12 or Block 13 changes. Title may be omitted when an address is

SIGNATURE: L. Schelbert — LEON SCHELBERT — 1/15/96 — (702) 361-4902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone
SECRETARY TREASURER

CR2E034 (12/95)