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Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 3987771

(6)

1. Corporation Name  
GREENBRIAR REALTY #1, INC.



Principal Place of Business  
311 S. SECOND ST.  
FT PIERCE FL 34950  
US

Mailing Address  
P O BOX 1270  
FT PIERCE FL 34954-1270

3. Date Incorporated or Qualified 04/05/1972	3a. Date of Last Report 06/12/1996
4. FEI Number 59-1554274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LLOYD, ROBERT M  
311 SOUTH SECOND STREET  
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

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]* V.P. 1/10/97  
Signature: (Signature of person not named in Block 12 is not acceptable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEILL, RICHARD V	1.2 NAME	
STREET ADDRESS	311 SOUTH SECOND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 0	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, CHESTER B.	2.2 NAME	
STREET ADDRESS	311 SOUTH SECOND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, MICHAEL	3.2 NAME	
STREET ADDRESS	311 SOUTH SECOND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, ROBERT M	4.2 NAME	
STREET ADDRESS	311 SOUTH SECOND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 0	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFRIES, MICHAEL	5.2 NAME	
STREET ADDRESS	311 SOUTH SECOND ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 attachment with an address.

SIGNATURE: *[Signature]* V.P. 1/10/97 861-464-8200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #