

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 410732 (2)
1. Corporation Name
GREENLAND ACRES, INC.

Principal Place of Business
4556 S MANHATTAN AVE
D
TAMPA FL 33611
US

Mailing Address
P O BOX 13726
TAMPA FL 33681-3726
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MALDONADO, DARCIE L
4556 S MANHATTAN AVE
SUITE D
TAMPA FL 33611

3. Date Incorporated or Qualified
10/13/1972

3a. Date of Last Report
02/13/1996

4. FEI Number
59-1501804

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SIMONS, JEROME A
4601 SHERIDAN ST #500
HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SIMONS, ROBERT
1551 GRACE LKS CIRCLE
LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MALDONADO, DARCIE L.
4556 S MANHATTAN AVE - SUITE D
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SIMONS, DAVID J
4601 SHERIDAN ST #500
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WILLIAMS, GLADYS A
4335 AEGEAN DR 136A
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMONS, LEONARD
4601 SHERIDAN ST #500
HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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]

4/22/97 (83) 821 8811

FILED
May 20 1997 8:00am
Secretary of State



CR2E034 (9/96)