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

APPROVED AND FILED
96 FEB -9 AM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001712145
-02/12/96--01025--001
***1043.75 ****208.75

DOCUMENT # 510531

1. Corporation Name: GREEN CORN, INC.

Principal Place of Business: 110 SE 6TH ST 28TH FLOOR, C/O NORMAN D. TRIPP, FT. LAUDERDALE FL 33301

Mailing Address: 110 SE 6TH ST 28TH FLOOR, C/O NORMAN D. TRIPP, FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 08/13/1976
3a. Date of Last Report: 05/17/1995

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

4. FEI Number: 59-1694750 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] — **$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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

TRIPP, NORMAN D
110 SE 6TH 28TH FL
FT LAUDERDALE FL 33301

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] /Norman D. Tripp DATE 2/7/96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12.		DELETE	13.		Change/Addition
TITLE	PCD	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	LOGAN, MICHAEL S.		1.2 NAME		
STREET ADDRESS	110 SE 6TH ST 29TH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	DV	[X] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME	MORSE, EDWARD J.		2.2 NAME		
STREET ADDRESS	1240 N Federal Hwy		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	ASD	[ ] DELETE	3.1 TITLE	ASD VC	[X] Change [ ] Addition
NAME	Kelly, WILLIAM H, JR.		3.2 NAME		
STREET ADDRESS	55 E MONROE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	ST	[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME	TRIPP, NORMAN D.		4.2 NAME		
STREET ADDRESS	110 SE 6TH 28TH FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] 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 is voluntary 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] /Norman D. Tripp 2/7/96 (954) 525-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)