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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **510531** **(7)**

1. Corporation Name
GREEN CORN, INC.

Principal Place of Business	Mailing Address
~~110 S.E. 6TH ST. 28TH FLOOR~~ ~~C/O NORMAN D. TRIPP~~ ~~FT LAUDERDALE FL 33301~~	~~110 S.E. 6TH ST. 28TH FLOOR~~ ~~C/O NORMAN D. TRIPP~~ ~~FT LAUDERDALE FL 33301-5004~~

3. Date Incorporated or Qualified: **08/13/1976**
3a. Date of Last Report: **02/09/1996**

2. Principal Place of Business
21: 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
22: Ste. 1200
City & State
23: Ft. Lauderdale, FL
Zip: 24: 33301 Country: 25: USA

2a. Mailing Address
26: 450 E. Las Olas Blvd.
Suite, Apt. #, etc.
27: Ste. 1200
City & State
28: Ft. Lauderdale, FL
Zip: 29: 33301 Country: 30: USA

4. FEI Number: **59-1694750** ☐ 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

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: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1200 S. Pine Island Rd.
84 City: Plantation FL 85 Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY — DATE: 3/12/97
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		
TITLE	PCD	☒ DELETE	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	EGAN, MICHAEL S		1.2 NAME	Thomas W. Hawkins	
STREET ADDRESS	110 SE 6TH ST 29TH FL		1.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	D	☒ DELETE	2.1 TITLE	DVS	☐ Change ☒ Addition
NAME	ARTHUR, ROSALIE V		2.2 NAME	Richard L. Handley	
STREET ADDRESS	110 SE 6TH ST		2.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	ASD	☒ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME	KELLY, WILLIAM H JR		3.2 NAME	Michael S. Egan	
STREET ADDRESS	55 E MONROE ST.		3.3 STREET ADDRESS	110 SE 6th St.	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	ST	☒ DELETE	4.1 TITLE	TAS	☐ Change ☒ Addition
NAME	TRIPP, NORMAN D		4.2 NAME	Norman D. Tripp	
STREET ADDRESS	110 SE 6TH 28TH FL		4.3 STREET ADDRESS	110 SE 6th St.	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☒ DELETE	5.1 TITLE	AT	☐ Change ☒ Addition
NAME			5.2 NAME	Courtland Peddy	
STREET ADDRESS			5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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		

CR2E034 (9/96)

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] Richard L. Handley 3/31/97 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0257666