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Apr 28 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 # 614217 (8)

1. Corporation Name
GREENER GARDENS, INC.

Principal Place of Business

10560 S.W. 180TH CT.
MIAMI FL 33196

Mailing Address

10560 S.W. 180TH CT.
MIAMI FL 33196-3181



3. Date Incorporated or Qualified 03/26/1979
3a. Date of Last Report 04/11/1996

2. Principal Place of Business
21 437 KELLY LN.
Suite, Apt. #, etc.
22
2a. Mailing Address
26 437 KELLY LANE
Suite, Apt. #, etc.
27

23 WESTON, FL.
City & State
Zip 33326 Country USA
28 WESTON, FL.
City & State
Zip 33326 Country USA
29 33326 30 USA

4. FEI Number 59-1888563
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

DAY, GERALDINE
10560 SW 180TH CT.
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 437 KELLY LANE
83
84 City WESTON FL 85 Zip Code 33326

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	ST	<input type="checkbox"/> DELETE
NAME	DAY, GERALDINE	
STREET ADDRESS	10560 SW 180TH CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAY, DONALD	
STREET ADDRESS	10560 SW 180TH CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		ADDRESSES
1.3 STREET ADDRESS	437 KELLY LANE	
1.4 CITY - ST - ZIP	WESTON, FL 33326	
2.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		ADDRESSES
2.3 STREET ADDRESS	437 KELLY LANE	
2.4 CITY - ST - ZIP	WESTON, FL 33326	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/15/97 954 (305) 585-8097

CR2E034 (9/96)