FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 10:37

DOCUMENT # **677958** **(1)**

1. Corporation Name

WILLIAM A. GRECA COMPANY

Change Address

Principal Place of Business	Mailing Address
~~613 NORTHLAKE BLVD.~~ #2 N. PALM BCH. FL 33408 US	~~613 NORTHLAKE BLVD~~ #2 N. PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1980	3a. Date of Last Report: 08/11/1994
4. FEI Number: 11-2541194	☐ 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 taxable, for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

	Principal Place of Business	Mailing Address
21/26	745 U.S. Hwy 1	745 U.S. Hwy 1
22/27	North Palm Bch.	North Palm Bch.
23/28	Florida	Fla.
24/29 Zip	33408	33408 -
25/30 County		

9. Name and Address of Current Registered Agent

GRECA, WILLIAM A
~~TRAIL COMMERCE PARK~~
~~3500 45TH ST., SUITE #8~~
~~WEST PALM BEACH FL 33407~~
745 U.S. Hwy 1
North Palm Bch
Fe
Suite 202 - 33408

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRECA, WILLIAM A.	12 NAME	
STREET ADDRESS	~~613 NORTHLAKE BLVD.~~	13 STREET ADDRESS	
CITY ST ZIP	N. PALM BCH. FL	14 CITY ST ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	GRACA, BEVERLY	22 NAME	
STREET ADDRESS	~~613 NORTHLAKE BLVD.~~	23 STREET ADDRESS	
CITY ST ZIP	N. PALM BCH. FL	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	GRECA, WILLIAM L	32 NAME	
STREET ADDRESS	~~613 NORTHLAKE BLVD.~~	33 STREET ADDRESS	
CITY ST ZIP	N. PALM BCH. FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily 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: William A. Greca Pres. 5/22/95 - 8345

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

0068

0247201 CP