

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

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **677958** (1)  
1. Corporation Name  
**WILLIAM A. GRECA COMPANY**

Principal Place of Business <b>745 US HIGHWAY ONE WEST PALM BEACH FL 33408 US</b>	Mailing Address <b>745 US HWY ONE 202 N PALM BEACH FL 33408 US</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>07/09/1980</b>	4. FEI Number <b>11-2541194</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GRECA, WILLIAM A 745 US HWY ONE NO. PALM BCH FL 33408</b>		10. Name and Address of New Registered Agent 81 Name <b>GRECA, BEVERLY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>745 US HWY ONE</b> 83 <b>N. PALM BEACH</b> 84 City <b>FL</b> 85 Zip Code <b>33408</b>	
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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 Beverly Greca  
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature is required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRECA, WILLIAM A.</b>	1.2 NAME	
STREET ADDRESS	<b>745 US HWY 1</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<b>PRESIDENT, SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRECA, BEVERLY</b>	2.2 NAME	<b>GRECA, BEVERLY</b>
STREET ADDRESS	<b>745 US HWY 1</b>	2.3 STREET ADDRESS	<b>745 US HWY 1</b>
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	2.4 CITY-ST-ZIP	<b>N. PALM BEACH, FL 33408</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRECA, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>745 US HWY 1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Beverly Greca

CR2E034 (10/97)