

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

DOCUMENT # F95000005397 (3)

1. Corporation Name

GREENTREE SOFTWARE, INC.



Principal Place of Business

2801 FRUITVILLE RD., #180
SARASOTA FL 34237

Mailing Address

2801 FRUITVILLE RD., #180
SARASOTA FL 34237

3. Date incorporated or Qualified 11/03/1995	3a. Date of Last Report
4. FEI Number 13-2897997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 typed or printed name of registered agent (if different from above)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
TITLE	PCEO	1.1 TITLE	1.2 NAME
NAME	MEDICO, JOHN J	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
STREET ADDRESS	2801 FRUITVILLE RD., #180	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	SARASOTA FL 34237	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	VDC	3.1 TITLE	3.2 NAME
NAME	PINKERTON, JEFFREY	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	201 BOSTON POST RD., W., #201	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	MARLBOROUGH MA 01752	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	DC	5.1 TITLE	5.2 NAME
NAME	MARKOWITZ, BRAD	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	14 SUBURBAN AVE.	6.1 TITLE	6.2 NAME
CITY-ST-ZIP	COS COB CT 06807	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
TITLE	D		
NAME	GARY, J R		
STREET ADDRESS	5551 CORPORATE BLVD., #2K		
CITY-ST-ZIP	BATON ROUGE LA 70808		
TITLE	CFO		
NAME	MUHLBACH, ARNOLD		
STREET ADDRESS	2100 CORAL POINT DR.		
CITY-ST-ZIP	CAPE CORAL FL 33990		
TITLE			
NAME			
STREET ADDRESS			
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: *Arnold Muhlbach* ARNOLD MUHLBACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

Date

941-954-2210

Daytime Phone #

CR2E034 (12/95)