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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000002840 (4)

BOB GREENE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Feb 25 1998 8:00am Secretary of State



750 N RUSH ST #3502 CHICAGO IL 80610-2543		750 N RUSH ST #3502 CHICAGO IL 60610-2543		
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				06/07/1996
2. Principal Pl	lace of Business	2a. Mailing Address	`	4. FEI Number Applied For
21 IS 8	BID Fisher Islam De	26 15812 FISHER	2 Islam I	36-4149712 Not Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc		5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State	_ \	City & State 28 Fisher Isla	NS, 7 1.21	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3310	9 25 U.S.A.	29 33109 30	.A. 2. U [a	Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
HELLMAN, MAYNARD 81 Name				
WHEN MAN & MASS				Address (P.O. Box Number is Not Acceptable)
1100 PONCE DELEON BLVD CORAL GABLES FL 33134				address (F.O. Box number is not Acceptable)
CO	MAL GABLES PL 33134			
			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 regularins agent a	and title it apple abor (NOTE R	tegistered Agent signature	required when reinslating) DATE
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCPS	DELETE	1.1 TITLE	Change Addition
NAME	GREENE, ROBERT		1.2 NAME	
STREET ADDRESS	750 N STATE ST #3502		1.3 STREET ADDRESS	15BIZ FISHER Islama DRIVE
CITY-ST-ZIP	CHICAGO IL 60610		1.4 CITY - ST - ZIP	Fisher Islam, Florian 33109
TITLE		DELFTE	2.1 TITLE	Change Addition
NAME	GREENE, ROBERT		2.2 NAME	
STREET ADDRESS	750 N STATE ST #3502		2 3 STREET ADDRESS	15812 FISHER Islamo Drive
CITY-ST-ZIP	CHICAGO IL 60610		2 4 CITY-ST-ZIP	FINHER ISLAMO, FlyRIAM 33109
TITLE		DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADORESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	į –
CITY-ST-ZIP				
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME			5.2 NAME	
				1
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
í		U DECERE	f	C Charge C Addition (
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	nortify that the intermedian complete with	this tiling does not a jobby for t	6.4 CITY-ST-ZIP	d in Section 119 07(3Vi) 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 trustop 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 or an attachment with an address.

SIGNATURE: