

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

FILED

Feb 04 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F97000002998 (9)**

1. Corporation Name
GREENTREE INVESTIGATIONS, INCORPORATED



| | |
|---|---|
| Principal Place of Business PO BOX 484 WAYNE PA 19087 | Mailing Address PO BOX 484 WAYNE PA 19087 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 955 Bolender DR. Suite, Apt. #, etc. | 2a. Mailing Address 26 PO Box 3076 3076 Suite, Apt. #, etc. |
| 22 City & State 23 Delray Beach, FL | 27 City & State 28 Delray Beach, FL |
| 24 33483 Zip | 25 Palm Beach Country |
| 29 33447-3076 Zip | 30 Palm Beach Country |

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 06/10/1997 | 4. FEI Number 23-2762878 | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
**WILSON, JOHN
52 BEAVER DAMM COURT
SAFETY HARBOR FL 34695**

| | |
|-----------------------------------|---|
| 81 Name PATRICIA WILSON | 82 Street Address (P.O. Box Number is Not Acceptable) 955 Bolender DR |
| 83 | 84 City Delray Beach |
| 85 Zip Code 33483 | 86 State FL |

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]* DATE **1/20/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE PSTD | <input checked="" type="checkbox"/> DELETE |
| NAME WILSON, PATRICIA | |
| STREET ADDRESS 880 SPRINGBANK LANE | |
| CITY-ST-ZIP WAYNE PA 19087 | |
| TITLE PSTD | <input type="checkbox"/> DELETE |
| NAME WILSON, PATRICIA | |
| STREET ADDRESS 955 Bolender DR | |
| CITY-ST-ZIP Delray Beach, FL 33483 | |
| 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 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME WILSON, PATRICIA | |
| 1.3 STREET ADDRESS 955 Bolender DR | |
| 1.4 CITY-ST-ZIP Delray Beach, FL 33483 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **NOT REQUIRED**

CR2E034 (10/97)