

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G68562** (9)

1. Corporation Name  
**GREER PROPERTIES INC.**



Principal Place of Business

**2400 SO. DIXIE HWY #200  
MIAMI FL 33133**

Mailing Address

**2400 SO. DIXIE HWY #200  
MIAMI FL 33133**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GREER, EVELYN LANGLIEB  
2400 SO. DIXIE HWY #200  
MIAMI FL 33133**

3. Date Incorporated or Qualified  
**11/07/1983**

3a. Date of Last Report  
**01/17/1995**

4. FEI Number  
**59-2360506**

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 liability for intangible tax under s. 193.032, Florida Statutes  Yes  No

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 607.012 and 607.1603, 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. Thereby accept the appointment as registered agent. I am familiar with and I accept the obligations of Section 607.012, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

|                    |                        |                                 |
|--------------------|------------------------|---------------------------------|
| 1. TITLE           | DP                     | <input type="checkbox"/> DELETE |
| 2. NAME            | GREER, EVELYN LANGLIEB |                                 |
| 3. STREET ADDRESS  | 2400 SO DIXIE HWY #200 |                                 |
| 4. CITY, ST, ZIP   | MIAMI, FL 00000        |                                 |
| 5. TITLE           |                        | <input type="checkbox"/> DELETE |
| 6. NAME            |                        |                                 |
| 7. STREET ADDRESS  |                        |                                 |
| 8. CITY, ST, ZIP   |                        |                                 |
| 9. TITLE           |                        | <input type="checkbox"/> DELETE |
| 10. NAME           |                        |                                 |
| 11. STREET ADDRESS |                        |                                 |
| 12. CITY, ST, ZIP  |                        |                                 |
| 13. TITLE          |                        | <input type="checkbox"/> DELETE |
| 14. NAME           |                        |                                 |
| 15. STREET ADDRESS |                        |                                 |
| 16. CITY, ST, ZIP  |                        |                                 |
| 17. TITLE          |                        | <input type="checkbox"/> DELETE |
| 18. NAME           |                        |                                 |
| 19. STREET ADDRESS |                        |                                 |
| 20. CITY, ST, ZIP  |                        |                                 |

|                    |  |   |
|--------------------|--|---|
| 1. TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |  |   |
| 3. STREET ADDRESS  |  |   |
| 4. CITY, ST, ZIP   |  |   |
| 5. TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |  |   |
| 7. STREET ADDRESS  |  |   |
| 8. CITY, ST, ZIP   |  |   |
| 9. TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |  |   |
| 11. STREET ADDRESS |  |   |
| 12. CITY, ST, ZIP  |  |   |
| 13. TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |  |   |
| 15. STREET ADDRESS |  |   |
| 16. CITY, ST, ZIP  |  |   |
| 17. TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |  |   |
| 19. STREET ADDRESS |  |   |
| 20. CITY, ST, ZIP  |  |   |

14. I do hereby certify that the information indicated on this annual report or Supplemental annual report is true and a certificate of my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or trust agreement to execute the report as required by Chapter 609, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an officer's with an address.

SIGNATURE: *Evelyn Langlieb Greer* Fees

1/19/96

305-854-8989

CR2E034 (12/95)