

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 # H05103 (7)

1. Corporation Name

GREEN GLADES COUNTRY RANCHES, INC.



Principal Place of Business

2155 NORTH 184TH AVE.
PEMBROKE PINES FL 33029
US

Mailing Address

2155 NW 184TH AVE.
PEMBROKE PINES FL 33029-3855
US

2. Principal Place of Business

2a. Mailing Address

21 19612 SW 69 PLACE

26 19612 SW 69 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 -

27 -

City & State

City & State

23 FORT LAUDERDALE FL

28 FORT LAUDERDALE FL

Zip

Zip

Country

Country

24 33332

25 USA

29 33332

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/24/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2808823

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. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

BERGERON, RONALD M
21111 S.W. 16TH STREET
FT. LAUDERDALE FL 33326

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 of the president or registered agent (if the same person)

(NOTE: Registered Agent signature required when the office is changed)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BERGERON, RONALD M.
21111 S.W. 16TH ST.
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
NESS, FRANK E.
4840 S.W. 70TH TERR.
DAVIE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BERGERON, LONNIE T.
4839 S.W. 148TH AVENUE, SUITE 503
FT. LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald M. Bergeron

4-30-96

Date

954-680-6100

Daytime Phone #

CR2E034 (12/95)