

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H91973

1. Corporation Name

GREENBERG ENTERPRISES, INC.

Principal Place of Business

29605 U.S. HWY 19 N., SUITE 180
CLEARWATER FL 34621-9140

Mailing Address

29605 U.S. HWY 19 N., SUITE 180
CLEARWATER FL 34621-9140

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90088 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1985

4. FEI Number

59-2616976

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1609 Hampton Court
Suite, Apt. #, etc.

2a. Mailing Address

26 1609 Hampton Court
Suite, Apt. #, etc.

City & State

23 Safety Harbor, FL

City & State

28 Safety Harbor, FL

Zip

24 34695 25 USA

Zip

29 34695 30

9. Name and Address of Current Registered Agent

GREENBERG, LESTER B.
29605 US 19 N
SUITE 180
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

J. Paul Raymond

82 Street Address (P.O. Box Number is Not Acceptable)

625 Court Street

83

Suite 200

84 City

Clearwater

FL

85 Zip Code
33756

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

J. Paul Raymond

3/1/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
GREENBERG, LESTER B.
29605 U.S. HWY 19, N180
CLEARWATER FL

TITLE ☐ DELETE

VP
GREENBERG, MELISSA F.
1609 HAMPTON CT
SAFETY HARBOR FL

TITLE ☐ DELETE

STD
GREENBERG, ELISA A.
29605 US HWY 19 N 180
CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1609 Hampton Court
1.4 CITY-ST-ZIP Safety Harbor, FL 34695

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1609 Hampton Court
2.4 CITY-ST-ZIP Safety Harbor, FL 34695

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 1609 Hampton Court
3.4 CITY-ST-ZIP Safety Harbor, FL 34695

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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 727-725-9999

Date

Daytime Phone #

CR2E034 (11/98)