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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H95392

(7)

GREENBAY COMPANY, INC.

FILED
Mar 21 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address					(MDIMIT TITE LEGAL DITED SITIO 18010 SIES EIRST ATOUT ASON ESDIT BIEST INDI			
3111 STIRLING RD 3111 STIRLING SUITE B132 SUITE B132 FT.LAUDERDALE FL 33312 FT.LAUDERDALE								
					3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Addre			ss		4. FEI Number		Applied For	
21		26			<b>65-0037986</b> Not Applic		Not Applicable	
Suite, Apt	#, 64%	Strife, Apt. #, etc.			5. Certificate of Status Desired Security Securi			
City & Stati	0	City & State	201		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees			
Ζ <sub>Ι</sub> μ	Cosintry 25	Z <sub>I</sub> p [29]	Countr 30	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New Reg	istered Agent		
GOLAN, AMNON 3111 STIRLING ROAD SUITE B132 FT. LAUDERDALE FL 33312				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83				
11-1	ENODERIDALE I C 65512		84	City		FL 85	Zip Code	
Office or r	egistered agent, or both, in the S	0502 and 607.1508, Florida Statu State of Florida. Such change was obligations of, Section 607.0505, F	authorized b	y the corpora	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changi	ng its registered t as registered	
SIGNATURE	Supply in Type For Grand Lugida, Of Tegera,	et apent and the it app to able the	OTE: Registered Ap	jent signatura requ	ired wher reinstaling)	DATE		
12.	OFFICERS	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
DILE	PSD	☐ DELETE	1.1 TOLE			☐ Char	nge 🔲 Addition	
NAME	GOLAN, AMNON 121			Ì				
STREET ATTORESS				T ADDRESS				
CITY ST-709	HOLLYWOOD FL 14 CITY - ST		ST-ZIP					
16.1	VTD	DELETE "	2 1 TITLE			☐ Char	nge 🛄 Addition	

2.2 NAME

31 TITLE

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4 2 NAME

51 TITLE

5.2 NAME

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6.2 NAME

DELETE

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2.3 STREET ADDRESS

2. 4 CiTY-SI-ZIP

3.4. CITY - S1 - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY-ST-ZIP

44 CHY-ST-ZIP

14. The hereby certily that the information supplied with this filling 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 eath; 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 attribution with an address.

SIGNATURE: A.GOLAN

SHAKED, SHMUEL

413 ALLSPICE ST.

KISSIMMEE FL

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NAME

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NAME

10.1

NAME

TITLE NAME

STREET ADDRESS.

STEEL CALIDRESS Off y-ST-ZH

STREET ADDRESS.

GEY St 72

STREET AGENCS

STREET MUDICING

CHY-S1-7(P

F 17 St 7#

NTED NAME OF SIGNAL OFFICER OF DIRECTOR

3/17/97 954-581-070

Change

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