

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 9:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J65082 (6)

1. Corporation Name
GREENBRIAR HOMES, INC.

Principal Place of Business Mailing Address
1% LOUIS V. CIANFROGNA
815 SO WASHINGTON AVE
TITUSVILLE FL 32780
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed 03/18/1987	3a. Date of Last Report 10/05/1994
4. FEI Number 59-2803324	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 has liability for intangible tax under s. 109, Cons. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State, Apt. #, etc. 22	State, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 30

9. Name and Address of Current Registered Agent CIANFROGNA, LOUIS V. 815 SOUTH WASHINGTON AVE TITUSVILLE FL 32780		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 607.0502 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 current registered agent and the agent Signature of new registered agent required when necessary Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME CIANFROGNA, LOUIS V.	STREET ADDRESS 815 S WASHINGTON AVE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST. ZIP TITUSVILLE FL		2. NAME	
		3. STREET ADDRESS	
		4. CITY, ST. ZIP	
NAME D OSTOSKI, GARY R.	STREET ADDRESS 2405 GARDEN ST	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST. ZIP TITUSVILLE FL		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 supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or biennial annual report is true and accurate and that my signature thereon has the same legal effect as if made by me. I am an officer or director of the corporation, its registered agent 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 of this report. I am not affiliated with an address.

SIGNATURE: _____
 SIGNATURE AND FULL PRINTED NAME OF BOARD OFFICER OR DIRECTOR **Louis V. Cianfrogna** 6/30/95 (407-469-6831)

CR2E034 (3/95)