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FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J83864

(5)

1. Corporation Name

GRECO REALTY CORP.



Principal Place of Business

1419 W. WATERS AVE.  
SUITE 101  
TAMPA FL 33604  
US

Mailing Address

1419 W. WATERS AVE.  
SUITE 101  
TAMPA FL 33604-2852  
US

2. Principal Place of Business

21 3502 HENDERSON BLVD.

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 TAMPA, FL

24 33609

Country

25 ~~FLORIDA~~

2a. Mailing Address

26 PO BOX 6214

Suite, Apt. #, etc.

27 VENICE, FL

City & State

28 34292

Zip

29 34292

Country

30

3. Date Incorporated or Qualified

07/22/1987

3a. Date of Last Report

10/01/1996

4. FEI Number

59-2824696

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

9. Name and Address of Current Registered Agent

GRECO, LOUIS A  
1419 W. WATERS AVE.  
SUITE 101  
TAMPA FL 33604

10. Name and Address of New Registered Agent

B1 Name GRECO, LOUIS A  
B2 Street Address (P.O. Box Number is Not Acceptable) 3502 HENDERSON BLVD  
B3 SUITE 300  
B4 City TAMPA FL B5 Zip Code 33609

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPS  
GRECO, LOUIS  
1419 W. WATERS AVE.  
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPS  
GRECO, LOUIS  
3502 HENDERSON BLVD  
TAMPA, FL 33609

Change Addition

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 TITLE NAME STREET ADDRESS CITY-ST-ZIP

23 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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46 TITLE NAME STREET ADDRESS CITY-ST-ZIP

47 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)