

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K82051 (9)
1. Corporation Name
THE MCKENDREE GREENS CORP.

Principal Place of Business	Mailing Address
2067 CALUMET ST 1740 CALUMET ST CLEARWATER FL 34625 US	2067 CALUMET ST 1740 CALUMET ST CLEARWATER FL 34625-1137 US

3. Date Incorporated or Qualified 04/19/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2951789	Applied For 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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1740 Calumet St. Suite, Apt. #, etc.	26 1740 Calumet St. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Clearwater, FL Zip Country	28 Clearwater, FL Zip Country
24 34625 25 USA	29 34625 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROSE, WAYNE 2067 CALUMET ST CLEARWATER FL 34625	81 Name Rose, Wayne 82 Street Address (P.O. Box Number is Not Acceptable) 1740 Calumet St. 83 84 City Clearwater FL 85 Zip Code 34625

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]* DATE 4-4-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, JACK	1.2 NAME	Rosen, Jack
STREET ADDRESS	61 BALZER RD	1.3 STREET ADDRESS	353 Manitou Dr.
CITY-ST-ZIP	KITCHENER, ONTARIO	1.4 CITY-ST-ZIP	Kitchener, Ontario, Canada N2G 3P3
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, WAYNE	2.2 NAME	Rose, Wayne
STREET ADDRESS	1740 CALUMET ST	2.3 STREET ADDRESS	1740 Calumet St.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, ALLEN	3.2 NAME	Keating, Robert
STREET ADDRESS	1740 CALUMET ST	3.3 STREET ADDRESS	1740 Calumet St.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	Clearwater, FL 34625
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-97 443-2090
Date Daytime Phone #

CR2E034 (9/96)