

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L82257** (1)

1. Corporation Name
GREENLEAF SALES AND SERVICES CORPORATION

Principal Place of Business Mailing Address
9628 N. E. 2ND AVE SUITE A MIAMI SHORES FL 33138

2. Principal Place of Business 2a. Mailing Address
21 **1444 Biscayne Blvd** 26 **1444 Biscayne Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **#240** 27 **#240**
City & State City & State
23 **Miami Florida** 28 **Miami, Florida**
Zip City Country Zip City Country
24 **33132-1422** 25 **DADE** 29 **33132-1422** 30 **DADE**

3. Date Incorporated or Qualified **06/21/1990** 3a. Date of Last Report **07/29/1994**
4. FEI Number **65-011833** 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
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GREENLEAF, CLAUDE C.
3440 NE 192ND STREET
2-M
AVENTURA FL 33180

10. Name and Address of New Registered Agent
81 Name **GREENLEAF, CLAUDE C.**
82 Street Address (P.O. Box Number is Not Acceptable) **3501 JACKSON ST #302**
83
84 City **Hollywood** 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 person named in 9. If registered agent, use the following: _____) (Date) _____

12. OFFICERS AND DIRECTORS

TITLE	DCI
NAME	GREENLEAF, CLAUDE C.
STREET ADDRESS	3440 NE 192ND ST. 2-M
CITY, ST, ZIP	AVENTURA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREENLEAF, CLAUDE C.
1.3 STREET ADDRESS	3501 JACKSON ST #302
1.4 CITY, ST, ZIP	Hollywood, Florida
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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, on an attachment with an address.

SIGNATURE: **Claude C. Greenleaf** **CLAUDE C. GREENLEAF** July 31, 1995 (202) 358-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
95 AUG -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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