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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

M42113

(4)

GREEN PINES MANAGEMENT COMPANY

CHEER THEO HARACHIERT COM ART									
Principal Place of Business  3700 AIRPORT RD SUITE #401 BOCA RATON FL 33431 US		Mailing Address	Mailing Address			<b>98</b> 1171 <b>918</b> 11 <b>918</b>	** ***** ***** *	J/811 81811 1981	
		3700 AIRPORT RD SUITE #401 BOCA RATON FL 33431							
		US US			3. Date Incorporated or Qualified 11/21/1986	ed 3a. Date of Last Report 05/01/1995			
2. Principal Place	e of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26		_	59-2763164			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip Country <b>25</b>		Zip <b>29</b>	Country 30		<ol> <li>This corporation has liability for intangible tax under s 199.032, Florida Statutes</li> <li>Yes □ No</li> </ol>				
24]	9. Name and Address of Curren		30	<del></del>	10. Name and Address of New		Agent		
				81 Name					
	RG, MARTIN F.			82 Street Ad	idress (P.O. Box Number is Not Accepta	able)			
3700 AIRP SUITE #40			ŀ	83					
	TON FL 33431						Ta=1 -7:	- 0-4-	
Doonie	101112 00101			84 City		FL	.  85   Zi¢	p Code	
or registered	the provisions of Sections 607.0502 Lagent, or both, in the State of Flori and accept the obligations of, Sect	da. Such change was authori	zed by the c	ve-named corp orporation's bo	poration submits this statement for the poard of directors. I hereby accept the ap	urpose of chi pointment as	anging its re registered	egistered office agent. I am	
SIGNATURE							w		
	gnarure, typed or printed name of registered agent	and trile if applicable. (N D DIRECTORS	OTE Registered	Agent signature requ	ared when reinstating)  ADDITIONS/CHANGES TO OF	DATE EICEDS AND	) DIRECTO	DS IN 12	
12.	DP OFFICERS AN	DELETE	1,170	TLE T	ADDITIONS/GRANGES TO OF		Change	Addition	
NAME	GREENBERG, MARTIN F.	_	1.2 NA			•		_	
STREET ADDRESS 3700 AIRPORT RD #401			1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CI	TY-ST-ZIP					
TITLE		DELETE	2 1 1	TLF			Change	☐ Addition	
NAME			2.2 N/	ME					
STREET ADDRESS			2351	REET ADDRESS					
CITY-ST-ZIP			2.4 C/	TY-ST-ZIP					
TITLE		☐ DELETE	3 1 î				☐ Change	☐ Addition	
NAME			3 2 N/						
STREET ADDRESS				IREET ADDRESS					
CiTY-ST-ZIP		☐ DELETE		TY-ST-ZIP			Change	Addition	
TITLE		[] ысы	4 17				[_] Gridinge		
NAME			42 N/						
STREET ADDRESS				REET ADDRESS					
CITY - ST - ZIP		DELETE	5 1 T	1Y-\$1-ZIP			Change	Addition	
NAME			5.2 N						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
TITLE		DELETE	6 11				Change	☐ Addition	
NAME		<b>L</b>	6.2 N						
STHEET ADDRESS				REET ADDRESS					
CITY-ST-ZIP				TY-ST-ZIP					
44 ( )	seatiful that the information appelled	with this files is ush starily for			fu for the exemption stated in Section 11	Q 07/31/W FI	orida Statu	tes I further	

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)(k). 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

Martin F. Greenberg, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96 Date

(407) 347-8585

Daytime Phone #