PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

(2)

GREEN OAKS MANAGEMENT COMPANY

Principal Place	of Business	Mailing Address							
C/O INTRAST 3700 AIRPOR BOCA RATON		3700 AIRPORT RD #401 BOCA RATON FL 3343				Date Incorporated or Qualified	3a. Date	of Last Rec	
US	( 1 4474)	US			11/21/1986 05/			/01/1995	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			pplied For
1		26				59-2763163			ot Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Require			equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	$\vdash$	untry		8. This corporation has liability for Florida Statutes	intangible ta	k under s	199.032,
4	25	29	30	· ··		10. Name and Address of New F		Agent	
	g. Name and Address of Currer	nt Registered Agent		B1	Name	10. Hame and Addices of Non-			
				"					
Greenberg, Martin F.				82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
3700 AIRPORT RD				83					
SUITE 401				**					
BOCA RATON FL 33431				B4	City		FL	85 Zip	Code
						ation submits this statement for the pure	rnose of cha	naina its re	eaistered offic
familiar wi	th, and accept the obligations of, Sec Signature, typed or printed name of registered again	ction 607.0505, Florida Statutes	5.			d of directors. I hereby accept the app.	DATE		
12.		ND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OF			
THLE	PD	☐ DELETE	DELETE 1.1			Change		Addition	
NAME	GREENBERG, MARTIN F.		12	NAME					
STREE1 ADDRESS	3700 AIRPORT RD #401		1.3	STREET.	ADDRESS				
CITY-ST-ZIP				CITY - S	1-ZIP			T Chacan	Addition
TITLE		DELETE 2.		1 TITLE			L	Change	☐ Addition
NAME			. 23	2 NAME					
STREET ADDRESS			2 :	3 STREET	ADDRESS				
CITY-ST-ZIP				4 CITY - S	T-ZIP		ï	Change	☐ Addition
TITLE		D ****		1 BILE			L	change	L Vagario
NAME				2 NAME					
STREE1 ADDRESS	\		3.	3 STREET	ADDRESS				
CITY - ST - ZIP				4 CITY - S	T - ŽIP		<del></del>	Change	[ ] Addition
TITLE		DELETE		1 TITLE			ļ	L. J. Orienige	
NAME				2 NAME					
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP				4 CITY - S	ST-ZIP			Change	☐ Additio
TITLE		DELETE		5 1 TITLE				- manife	

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)(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. 64 CITY-ST-ZIP

52 NAME 5 3 STREET ADDRESS

6 1 11TLE

62 NAME

5.4 C(1Y - ST - Z)P

6.3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Martin F. Greenberg, President

DELETE

2/19/96 Date

(407) 347-8585

☐ Change ☐ Addition

Daitime Phone II

CR2E034 (12/95)