SIGNATURE

NATURE AND TYPED ON PRINTED NAME OF BION

FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State ·1997 DIVISION OF CORPORATIONS FILED DOCUMENT # 97 JUN -2 PN 2:39 Country Park at Boca Ruton HUMPOUNTYS SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 3. Date Incorporated or Qualified 3a. Date of Last Report 3°0. 2. Principal Place of Business 2a. Mailing Address Applied For GREENLITE PROPERTY MGT 59-2373578 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 141 N.W. 2004 Street Sixte F2 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Raton, FL 23 Trust Fund Contribution Added to Fees 33431 Zip Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Jacobs Street Address (P.O. Box Number is Not Acceptable) 83 84 worth 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. gistore vigent signature required when reinstallings 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change . Addition Robert Bochly 8069 Cedar Hollow Cone NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS BOCA Paton Fl. 33433 CITY-ST-ZIP 1.4 City-St-ZIP TITLE DELETE Change 2.1 TITLE Addition jean Bobuts NAME 2.2 NAME 8439 Red Wagon lane STREET ADDRESS 2 3 STREET ADDRESS Boca Raton, Fl. 33433 CITY-ST-ZIP 2 4 CITY - ST-ZIP DELETE TITLE Change Addition 3.1 DILE NAME Lori Klamerus 3 2 NAME 8332 Butterfield Care Boca Raton F1 225 STREET ADDRESS 3.3 STREET ADDRESS Raton, Fl. 33433 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change Addition 4.1 TITLE Freda Cohen NAME 4.2 NAME 8270 Barnyard Way Boca Raton, Fl. 33433 STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZIP DELETE TITLE 5.1 TITLE Change Addition Jac Robins NAME 5.2 NAME 23426 Shetland RUN STREET ADDRESS **5.3 STREET ADDRESS** Boca Paton Fl. 33433 CITY-ST-ZIP 5.4 City-St-ZiP DELETE TITLE 61 TITLE 800002 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

96/6)