
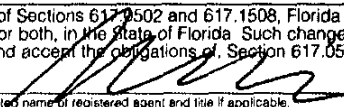
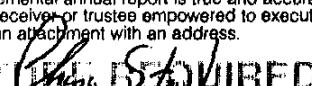


FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N05769 (7)</b> 1. Corporation Name <b>GREENWICH III ASSOCIATION, INC.</b>			
Principal Place of Business <b>1550 NE 123RD STREET NORTH MIAMI FL 33161 US</b>		Mailing Address <b>5005 W. LAUREL STREET SUITE 206 TAMPA FL 33607-3839</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>REINHARD, SANFORD N. 2875 NE 191ST ST., SUITE 404 NORTH MIAMI BEACH FL 33180</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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. SIGNATURE  DATE <b>4/28/97</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>STD</b> <input type="checkbox"/> DELETE NAME <b>REINHARD, SANFORD N.</b> STREET ADDRESS <b>2875 NE 191ST ST., #404</b> CITY-ST-ZIP <b>N. MIAMI BEACH FL</b>		1.1 TITLE <b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>STARKER, CHAYA</b> 1.3 STREET ADDRESS <b>5005 W. LAUREL ST., STE 206</b> 1.4 CITY-ST-ZIP <b>TAMPA, FL 33607-3839</b>	
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>ADAMS, SYLVAN</b> STREET ADDRESS <b>4141 SHERBROOKE ST. WEST</b> CITY-ST-ZIP <b>MONTREAL QUEBEC CANADA</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <b>PD</b> <input checked="" type="checkbox"/> DELETE NAME <b>ANDERSEN, NILES</b> STREET ADDRESS <b>5005 W. LAUREL STREET SUITE 206</b> CITY-ST-ZIP <b>TAMPA FL 33607-3839</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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. SIGNATURE:  DATE <b>4/28/97</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



CR2E037 (9/96)