FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAREMENTA OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 NOCUMENT # NOCUME

DOCUMENT # N9600001755 (5)

GREATER DECISIONS, INC.

TITLE

NAME

TITLE

NAME STREET ADORESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

Principal Place	of Business	Mailing Address			***				
535 CIDERMILL I LAKE MARY FL	PLACE	P O BOX 950124	P O BOX 950124 LAKE MARY FL 32785-0124						
						3. Date Incorporated or Qualified 03/25/1996	3a. Date	of Last R	eport
2. Principal Pla	ace of Business	2a. Mailing Addres	38			4. FEI Number		Ar	plied For
.		26			581564526		No	t Applicabl	
Suite, Apt. #, etc.		Suite, Apt #, €	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75	Additional
2		27				b. Certificate of Status Desired	<u></u>	Fee Re	quired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	├ ─	ountr	y	8. This corporation has liability for			. 199.032,
<u>4 </u>	25	29	30				Yes 🔀		
	9. Name and Address of Co	irrent Registered Agent		٠.	1	10. Name and Address of New Re	gistered Ag	jent	
				81	Name				
HOBBS, ASHLEY L				82	Street Add	ress (P.O. Box Number is Not Acceptate	olo)		
	RMILL PLACE								
LAKE MA	RY FI. 32746			83					
_	1			84	City			85 Zip (Code
				.1	'		FL		
11. Pursuant to	the provisions of Sections 617	7.0502 and 617.1508, Florida	Statutes, the	abov	e-named cor	poration submits this statement for the partion's board of directors. I hereby accept	ourpose of o	hanging it	s registere
agent. I ≴ m	familiar with, and accept the	obligations of, Section 617.0	503, Florida St	atute	s.	more board or directors, I hereby accep	or the appoi	nunen as	registerou
SIGNATURE _									
S	Signature, typed or printed name of register			<u>-</u> -	ent signature requ	ired when reinstating)	DATE		
12.	DE DELL ALLONS	PORECTORS	13			ADDITIONS/CHANGES TO OFFIC			
ITLE	Ashley'L. Hot	hs Deli	_	TITLE			L	Change	Addition
AME	CRC Cademii	e Place		NAME					
TREET ADDRESS		5	1.3	STREET	ADDRESS				
CITY-ST-ZIP	Lake 11 ary, 1	1 32/46		CITY-S	ST-ZIP		<u>-</u>		
TITLE	Vice. Prosident	TRUSTEE DELL	:IE 2.1	TITLE			L	Change	L. Additio
NAME)	Augelo y. Hobbs		2.2	NAME					
STREET ADDRESS	535 Ciderniu	PLACE	2.3	STREE	ADDRESS				
CITY-ST-ZIP	LAKE MORY, FL	32746			ST-ZiP				
TITLE .	Trustee	DELI	3.1	3.1 TITLE			. L	Change	Addition
NAME	Odeon T. Hobbs		3.2	NAME					
STREET ADDRESS	1950 J. Hwy. 30		3.3	STREE	ADDRESS				
CITY-ST-ZIP	JESUP ON 31	545	3.4.	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 undor oath; that I am an officer or director of the corporation of 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 of an attachment with an address.

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SIGNATURE:

1-18 97 407 274 1753

Change

Change

Addition

Addition

Addition

FILED

Jul 14 1997 8:00am

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Secretary of State