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FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P93000028150 (9)

1. Corporation Name
GREEN PARK POINCIANA, INC.



Principal Place of Business
**2309 SWEETWATER COUNTRY CLUB PLACE
 APOPKA FL 32712**

Mailing Address
**2309 SWEETWATER COUNTRY CLUB PLACE
 APOPKA FL 32712-2501**

3. Date Incorporated or Qualified 04/15/1993	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3181169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Sub, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sub, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**FARRELL, MARCIA
 2309 SWEETWATER COUNTRY CLUB PLACE
 APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	FARRELL, MARCIA F	
STREET ADDRESS	2309 SWEETWATER COUNTRY CLUB PL	
CITY-STATE-ZIP	APOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NETO, ELIAS S	
STREET ADDRESS	2309 SWEETWATER COUNTRY CLUB PLACE	
CITY-STATE-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NAMOUR, JAMIL Z	
STREET ADDRESS	2309 SWEETWATER COUNTRY CLUB PLACE	
CITY-STATE-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABU-KESSM, LUIZ S	
STREET ADDRESS	2309 SWEETWATER COUNTRY CLUB PLACE	
CITY-STATE-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERAFIM, EMILIO	
STREET ADDRESS	2309 SWEETWATER COUNTRY CLUB PLACE	
CITY-STATE-ZIP	APOPKA FL 32712	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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 contained 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: *Marcia F. Farrell* 3/10/97 884-8243
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)