FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041354 (0)

ROBERT E. GREENE, L.C.S.W., P.A.

Mailing Address Principal Place of Business 6798 CROSSWINDS DRIVE NORTH 6796 CROSSWINDS DRIVE NORTH SUITE B-108 SUITE B-108 DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710 3. Date Incorporated or Qualified 06/07/1993 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 59-3187141 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XYes \square \text{No} No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name GREENE, ROBERT E 6798 CROSSWINDS DRIVE NORTH Street Address (P.O. Box Number is Not Acceptable) SUITE B-108 83 ST. PETERSBURG FL 33710 City Zip Code 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS TO OFFICERS AND DIRECTORS IN 12 12. 13. ADDITIONS/CHANGES DELETE TITLE 1.1 TITLE Change ___ Addition GREENE. ROBERT E NAME 1.2 NAME R2E034 6798 CROSSWINDS DRIVE NORTH, SUITE B-108 1.3 STREET ADDRESS STREET ADDRESS 3*3*7/0 ST. PETERSBURG FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 2.1 TITLE GREENE, MARJORIE I 2.2 NAME NAME STREET ADDRESS 6798 CROSSWINDS DRIVE NORTH, SUITE B-108 2.3 STREET ADDRESS ST. PETERSBURG FL マ3フノロ CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP ☐ DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, con an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

IRRobert E. Greene SIGNATURE:

DELETE

Change

FILED

Jan 30 1998 8:00am

Secretary of State