**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P93000058725

1. Corporation Name

GREYSTONE INTERNATIONAL HOLDINGS, INC.

Principal Place of Business	Mailing Address							
250 INTERNATIONAL PARKWAY	250 INTERNATIONAL PKWY.							
#200	#200				DO N	OT MOITE IN T	HIC CDACE	
HEATHROW FL 32746	FL 32746 HEATHROW FL 32795-2616 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
US US				<b>I</b>	•	Juanied		
				08/18/				
2. Principal Place of Business	2a. Mailing Address		0	4. FEI Num				optied For
21 315 STARBUCK KUN	26 315 STARLE	3UK	Run	59-319	6102			lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate	of Status De	esired 🔲		Additional
22	27						Fee F	Required
City & State	City & State	. سـ		6. Election	Campaign Fir	nancing		May Be
23 Longwood FC	28 LONGWOUD			Trust Fur	nd Contribution	on 🗀	Added	to Fees
Zip Country USA	Zip	'Countr	y	8. This com	oration owes	the current year		_
24 32779 25 SemiNOLE	29 32779 3	30 L	USA		Property Tax		✓ Yes	□No
9. Name and Address of Current	Registered Agent		- 1-11-11	10. Name ai	nd Address	of New Register	ed Agent	
		81	Name					Ì
Frankum, John	•	00	04	Here (D.O. Boy N	lumber in Net	( Accontable)	<del></del>	
1287 GLENCREST DR			82 Street Address (P.O. Box Number is Not Acceptable) 315 STARBUCK KUN					
HEATHROW FL 32746		83		211120	<del></del>			
101			Lon	sewood.	۲	32779		
///V/		84		,			<b>-L</b>  85   Zip	Code
			L					to registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, of both, in the State of agent. I am familia with and accept the obligation	t and 607.1508, Florida Statutes of Florida, Such change was aut	s, the abov	/e-named co / the corpora	irporation submits ation's board of dir	this statemer ectors. I here	by accept the ap	pointment as r	registered
agent. I am amilia win, and accept the obligati	ions of, Section 607.0505, Florid	da Statute	S.			شر `	.`}^	
SIGNATURE 900						5	APRIL	99.
JIGINATORY.	and title if applicable (NOTE: 5	Registered Age	ent signature regu	uired when reinstating)		DATE		
Signature, typed or printed name of registered agent	and been approache. (NOTE. )	109.000.007.90						
Signapore, typed or printed name of registered agent  12. OFFICERS ANI	DIRECTORS	13.			IS/CHANGES	TO OFFICERS		
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**SIGNATURE:** 

CETTE WOLDS (No.)

14. I hereby certify that the information supplier indicated on this annual report or supplier officer or director of the corporation of the Block 12 or Block 13 if changed

CITY-ST-ZIP <:-

LURE REQUIRED NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on supplied with this filler does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplies that a must report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an only the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in the state of the same legal effect as if made under oath; that I am an only the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in the same legal effect as if made under oath; that I am an only the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

May 04, 1999 8:00 am Secretary of State

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