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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000078686

GREYSTONE MANAGEMENT, INC.

Principal Place	e of Business	Mailing Address					
1200 S PINE IS	LAND RD	1200 S PINE ISLAND RD					
SUITE 220		SUITE 220			DO NOT WRITE IN THIS SPACE		
PLANTATION FL	_ 33324	PLANTATION FL 33324			3. Date Incorporated or Qualified	<u> </u>	*.1
	. : '	•			11/15/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0449599	·	Not Applicable
Suite, Apt. i	# etc	Suite, Apt. #, etc.			5 Outified at Status Desired	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee	Required
City & State	<u> </u>	City & State			6. Election Campaign Financing	<b> \$5.0</b>	O May Be
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the curre	ent year Intangible	.
<del>-</del>	25	29	30		Personal Property Tax.	🛄 Yes	□No
24	9. Name and Address of C		1221		10. Name and Address of New R	egistered Agent	
-		อสาสเสดี ซาการก็เล	81	l Name	1		
MOR	RELLY, MICHAEL D			2	to a CD O. Day Number is Not Accepted	hlo)	<del></del>
	S PINE ISLAND RD		82	Street Add	dress (P.O. Box Number is Not Acceptate		
	E 220		83	3	1 1 1 2 2 3 3 3 3 3 4 3 4 3 5 6 2 2 4	452 - 16" 3 10 25	303 11 178
	NTATION FL 33324				<u> </u>		45.48kg 25.188
		· .	84	City	, , , , , , , , , , , , , , , , , , , ,	FI 85 Zi	p Code
armene genganistis	• 7		1 4		moration cubmits this statement for the	nurnose of changing	its registered
- 011 - <b>- 46</b> - 4 - 4 - 4	cointered egent or both in the	State of Florida, Such change was	annonzeo ov	v lile corpora	rporation submits this statement for the tition's board of directors. I hereby accep	t the appointment as	registered
FLA agent la	m familiar with, and accept the	obligations of, Section 607:0505; F	lorida Statute	s.			
SIGNATURE	* * * * * * * * * * * * * * * * * * * *						
0,0,0,0,0,0	Signature, typed or printed name of registe	red agent and title if applicable. (NO	TE: Registered Age	ent signature requi	red when reinstating)	DATE	
		· · · · · · · · · · · · · · · · · · ·	142		ADDITIONS/CHANGES TO GE	ICERS AND DIRECT	TORS IN 12
12.	OFFICE	RS AND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFF		
12.	OFFICER	· · · · · · · · · · · · · · · · · · ·	1.1 TITLE		ADDITIONS/CHANGES TO OFF	FICERS AND DIREC	
	D MORELLY, MICHAEL D	RS AND DIRECTORS	1.1 TITLE 1.2 NAME	:	ADDITIONS/CHANGES TO OFF		
TITLE	D MORELLY, MICHAEL D 1200 S PINE ISLAND RD	RS AND DIRECTORS	1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFF		
TITLE NAME	D MORELLY, MICHAEL D	RS AND DIRECTORS  DELETE  SUITE 220	1.1 TITLE 1.2 NAME	ET ADDRESS	ADDITIONS/CHANGES TO OFF	☐ Chang	e Addition
TITLE NAME STREET ADDRESS	D MORELLY, MICHAEL D 1200 S PINE ISLAND RD	RS AND DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STREE	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFF		e Addition
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the receiver or trustee empowers to Block 12 or Block 13 if changed, or on an attacking that an address, with

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information chrate and that my signature shall have the same legal effect as if made under oath; that I am an execute this epoc as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90052 036 \*\*\*150.00