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Mar 20 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 # P94000043266 (3)

1. Corporation Name
GRE CONSULTANTS INC.



Principal Place of Business
% GEORGE ENOS
3034 RAINBOW COURT
SAFETY HARBOR FL 34695

Mailing Address
% GEORGE ENOS
3034 RAINBOW COURT
SAFETY HARBOR FL 34695-5222

3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 03/05/1996
4. FEI Number 59-3250698	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

ENOS, GEORGE
3034 RAINBOW COURT
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. ENOS, GEORGE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2. <input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	3. <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
CITY - ST - ZIP	4. <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
TITLE	5. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6. <input type="checkbox"/> DELETE	2.2 NAME	
STREET ADDRESS	7. <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
CITY - ST - ZIP	8. <input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
TITLE	9. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10. <input type="checkbox"/> DELETE	3.2 NAME	
STREET ADDRESS	11. <input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY - ST - ZIP	12. <input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
TITLE	13. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14. <input type="checkbox"/> DELETE	4.2 NAME	
STREET ADDRESS	15. <input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
CITY - ST - ZIP	16. <input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
TITLE	17. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18. <input type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	19. <input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
CITY - ST - ZIP	20. <input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
TITLE	21. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	22. <input type="checkbox"/> DELETE	6.2 NAME	
STREET ADDRESS	23. <input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
CITY - ST - ZIP	24. <input type="checkbox"/> DELETE	6.4 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 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: George Enos George Enos 3/15/97 813-725-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)