## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMEN 1 # P94000043266 (3)

GRE CONSULTANTS INC.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Principal Plac	ce of Business	Mailing Address			
% GEORGE ENOS 3034 RAINBOW COURT SAFETY HARBOR FL \$4695		% GEORGE ENOS 3034 RAINBOW COURT SAFETY HARBOR FL 34695		DO NOT WRITE IN TH	IIS SPACE
Oni Ett Innie	OIT 12 94033	OMFETT FINIDOR IL SA		3. Date Incorporated or Qualified	
				06/08/1994	
2. Principal Place of Business		2e. Mailing Address		4. FEI Number	Applied For
Sulte, Apt. #, etc.		26   Suite, Apt. #, etc.		59-3250698	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	This corporation owes or has paid the c     Personal Property Tax due June 30.	urrent year Intengible
	9. Name and Address of Curre			10. Name and Address of New Registere	
	OS, GEORGE		81 Name		
3034 RAINBOW COURT SAFETY HARBOR FL 34695			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			04 00		T2-1
			84 City	F	85 Zip Code
Dπice or	registered agent, or both, in the Stat am familiar with, and accept the obli	gations of, section 607.0505, F	s authorized by the corporal	oration submits this statement for the purpose of cion's board of directors. I hereby accept the app	ointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	ENOS, GEORGE		1.2 NAME		
STREET ADDRESS	3034 RAINBOW COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695	<del>-</del>	1.4 CiTY-ST-ZIP		<u> </u>
NAME		L DELETE	2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		£1 DELETE	3.2 NAME		Change   Wood601
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		<del></del>	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

6.4 CITY-ST-ZIP

DELETE

1.6.

Change Addition

FILED

Jul 16 1998 8:00am

A CONTRACT LINE LOCAL MARIE ADRIE DERFE ADRIE ADRIE ALEMAN MARIE MARIE MARIE ANNO ANNO ANNO ANNO ANNO

Secretary of State

CR2E034 (5/98)