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Feb 13 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 # P94000048069 (6)

1. Corporation Name

GREYSTONE FINANCIAL CORPORATION



Principal Place of Business

Mailing Address

~~3629 SCOTT STREET~~
~~PORT ORANGE FL 32119~~
941 GEORGE HECKER DR
S. DAYTONA, FL. 32119

~~3629 SCOTT STREET~~
~~PORT ORANGE FL 32119~~
941 GEORGE HECKER DR
S. DAYTONA, FL. 32119

2. Principal Place of Business

2a. Mailing Address

21 941 GEORGE HECKER DR

26 941 GEORGE HECKER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SOUTH

27 SOUTH

23 DAYTONA, FL.

28 DAYTONA, FL.

Zip

Country

24 32119 USA

Zip

Country

29 32119 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAINKA, RICHARD A
~~3629 SCOTT STREET~~
~~PORT ORANGE FL 32119~~
941 GEORGE HECKER DR
S. DAYTONA, FL.
32119

81 Name RAINKA, RICHARD A.
82 Street Address (P.O. Box Number is Not Acceptable) 941 GEORGE HECKER DR.
83
84 City S. DAYTONA, FL 85 Zip Code 32119

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]

(NOTE: Registered Agent signature required when reinstating)

1/12/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RICHARD A. RAINKA
STREET ADDRESS ~~3629 SCOTT STREET~~
CITY-ST-ZIP ~~PORT ORANGE FL 32119~~

1.1 TITLE PRESIDENT - P
1.2 NAME RICHARD A. RAINKA
1.3 STREET ADDRESS 941 GEORGE HECKER DR.
1.4 CITY-ST-ZIP S. DAYTONA, FL. 32119

TITLE
NAME 941 GEORGE HECKER DR
STREET ADDRESS S. DAYTONA, FL. 32119
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0022818

CR2E034 (9/96)