03-16-1999 90007 032 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000048069

<ol> <li>Corporation</li> </ol>	n Name					
GREYSTONE FINANCIAL CORPORATION						
						\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Principal Place	e of Business	Mailing Address				
941 GEORGE HECKER DR S 941 GEORGE HECKER DR DAYTONA FL 32199 DAYTONA FL 32199						
US US			DO NOT WRITE IN THIS	SPACE		
				3. Date incorporated or Qualifed 06/24/1994		ļ
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	App	lied For	
21		26		59-3252735	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	ditional
22		27		5. Certificate of Status Desired	- Fee Rec	uired
City & State City		City & State		6. Election Campaign Financing	\$5.00 N	May Be
		28		Trust Fund Contribution Added to Fees		
Žip	Country	Zip	Country	8. This corporation owes the current year Inte	angible	ent.
24	25			Personal Property Tax.		<b>∑</b> No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered	Agent	
RAINKA, RICHARD A			81 Name	MANY BETH RAINKA		
941 GEORGE HECKER DDR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	'n	-
S DAYTONA FL 32119			83	11 George Hecked	// C^	
3 07	1110101112 32113		63	5. DAY TOUR		
			84 City	PU FL	85 Zip C	ode V119
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the abo			the above named corn		obanaina ita	enistered
11. Pursuant office or re	to the provisions of Sections 607:05 registered agent, or both, in the State	e of Florida Such shange was and	thorized by the corporation	on's board of directors. I hereby accept the appoin	ntment as reg	istered
agent. I a	m familiar with, and accept the oblig	atighs of Section 607.0805. Florid	Statutes.	2/0/16	G .	
SIGNATURE	Signature, typed or printed name of prgistered ag	vent and title if applicable. (NOTE: 6	Registered Agent signature require	d when reinstating) OATE		- <del></del>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE	PRESIDENT .	Change	☐ Addition
NAME	RICHARD A. RAINKA	•	1.2 NAME	PRESIDENT MARY BETH RAINKA 941 GEVAGE HECKER D		
STREET ADDRESS	941 GEORGE HECKER DR		1.3 STREET ADDRESS	941 GEORGE HECKER D	R	
CITY-ST-ZIP	S DAYTONA FL		1.4 CrTY-ST-ZIP	S. NAYTONA, FL. 3	<u> 2119</u>	
TITLE		☐ DELETE	2.1 TITLE	•	Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP						
TITLE			3.4. CITY-ST-ZIP			
NAME		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
	·	☐ DELETE	4.1 TITLE 4. 2 NAME		☐ Change	☐ Addition
STREET ADDRESS	·	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	·		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	•		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change	☐ Addition

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #