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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400067800 (0)

GREENWOOD CONSULTING GROUP, INC.

										EBAH EBH HER
Principal Place of Business Mailing Address 1326 BRIDGEPORT DR. 1326 BRIDGEPORT DR.						n inditione ten inter ander abert geite bit	I COUNT U TIE	4981 (9)(1) (taigt ab ig 1881	
1326 BRIDGEI WINTER PARK			26 BRIDGEPORT DR. NTER PARK FL 32789-!	5924						
							3. Date incorporated or Qualified 09/09/1994		te of Las 24/199	•
2. Principal i	Place of Business	2a.	Mailing Address				4. FEI Number			Applied For
21		26					59-3268551			Not Applicab
Suite, Apt		27					5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	ale	28	City & State				6. Election Campaign Financing Trust Fund Contribution			O May Be ed to Fees
Zip Country 24 25			Ζφ			,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Currer	nt Regis	tered Agent		Ţ		10. Name and Address of New Ro	gistered	\gent	
LEF	FKOWITZ, IVAN M				81	Name				
430 N. MRLS AVE. ORLANDO FL 32803					82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)		
					83					
					84	City		FL	85 Z	ip Code
agent. I SIGNATURE							rporation submits this statement for the pation's board of directors. I hereby acce	DATE	on the contract	as registered
12.	OFFICERS AN	D DIREC		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	
THEE	DPST		☐ DELETE	1.17	ITLE				Chang	ge 🔲 Additio
NAMI.	O'BRIEN, DIANE				IAME					
STREET ADDRESS	1000 0.100 0.00			1		ADDRESS				
COY-ST-ZIF	WINTER PARK FL 32789		DELETE	2.1 1		ST-ZIP			Chang	e 🔲 Addilio
NAME			□ beten		MAME	İ			C' Outent	to Final Medicine
STREET ADDRESS						ADDRESS				
CiTY - ST - 7IP						ST-ZIP	~ ···	¥ .1		
TOLE			☐ DELETE	317			,		Chang	ge 🔲 Additio
NAME				321	IAME	1				
STREET AUDRESS	3					T ADDRESS				
CITY ST-ZIP			DELETE			ST-ZIP	<u>,</u>		☐ Chan:	ge Additi
TITLE NAME	,		L DELLE		TITLE Name				Undil.	9v [_] 20040
STREET ADDRESS				1		T ADDRESS				
City-S1-Zip						ST · ZIP				
TITLE			DECETE		TITLE				Chan	ge 🔲 Additi
NAME				5.21	NAME					
STREET ADDRESS	5			5.3 \$	TREE	ADDRESS				
CHTV - \$1 - ZIP				******		ST-ZIP				
TIFLE			☐ DELETE		titLE				L Chan	pe 🔲 Addili
NAME					YAME					
STREET ADORESS	5			6.3 5	STREE	T ADDRESS				
OUTS OF THE										

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-16-97 (407) 644.

FILED

Apr 22 1997 8:00am

Secretary of State

A REPORTED THE FERMI DEPARTMENT OF THE PROPERTY OF THE PROPERT