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PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072445 (7)**

1. Corporation Name
GREENE, HOLLISTER, INC.

Principal Place of Business	Mailing Address
7900 GLADES ROAD SUITE 510 BOCA RATON FL 33434 US	7900 GLADES RD SUITE 510 BOCA RATON FL 33434-4105 US

3. Date Incorporated or Qualified: 09/23/1994
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0527904	☐ Applied For ☐ Not Applicable
21 7860 Glades Road	26 7860 Glades Road		
Suite, Apt. #, etc. 22 Suite 230	Suite, Apt. #, etc. 27 Suite 230	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33434 Country 25 USA	Zip 29 33434 Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASE, JOHN W ESQ. 2900 E. OAKLAND PARK BLVD. THIRD FLOOR FORT LAUDERDALE FL 33306	81 Name: Legal Information Services 82 Street Address (P.O. Box Number is Not Acceptable) 83 1290 Weston Rd., Suite 300 84 City: Weston FL 85 Zip Code: 33326

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] , Vice President
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE, MIKE 10640 N.W. 17TH PLACE PLANTATION FL 33322 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLLISTER, MIKE 900 BERNUDA GARDENS ROAD DELRAY BEACH FL 33483 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	RW 4-24-97 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002150103 -04/22/97--01020--008 ***165.00

CR2E034 (9/96)

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 changed, added or an attachment with an address.

SIGNATURE: [signature] Michael E. Hollister 4/1/97 561-470-5540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #