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Secretary of State

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
21 7860 Glades Road	26 7860 Glades Road
Suite, Apt. #, etc. 22 Suite 230	Suite, Apt. #, etc. 27 Suite 230
City & State 23 Boca Raton, FL	City & State 28 Boca Raton, FL
Zip 24 33434 Country 25 USA	Zip 29 33434 Country 30 USA

4. FEI Number: 65-0527904 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CASE, JOHN W ESQ.
2900 E. OAKLAND PARK BLVD.
THIRD FLOOR
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent
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: 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	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, MIKE	1.2 NAME	
STREET ADDRESS	10640 N.W. 17TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33322	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOLLISTER, MIKE	2.2 NAME	
STREET ADDRESS	900 BERNUDA GARDENS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	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		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		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	300002150103
STREET ADDRESS		6.3 STREET ADDRESS	-04/22/97--01020--008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

RW 4-24-97

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 if changed, or is added in an attachment with an address.

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