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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000076910 (6)

GREENALL & ASSOCIATES, INC.

FILED Apr 17 1998 8:00am Secretary of State

791-8971

Principal Place	e of Business	Mailing Address				
14745 71ST PLACE N LOXAHATCHEE FL 34470 US		14745 71ST PLACE NORTH LOXAHATCHEE FL 34470 " US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
Principal Pi	lace of Business	2a. Mailing Address			10/17/1994 4. FEI Number	Applied For
21	idos o Businesa	26			65-0548611	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ &p -	75 Additional
22		27			I E CAMPRIAN OF STATUS DASIFOR I I	e Required
City & State		City & State			6. Election Campaign Financing \$5.	.00 May Be
23		28			Trust Fund Contribution	Ided to Fees
一 Zip ス 3 4 7 0 一 Country		7ip3>470 Country		У	8. This corporation owes or has paid the current year	
24 55	9. Name and Address of Curren		·		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
		Hedistated Whelit	81	II Name	10. Name and Address of New Hegistered Agent	
GREENALL, BEATRICE A						
	45 71ST PLACE NORT		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)	
LU	KAHATCHEE FL 34470		83	<u> </u>		
			Ļ	ļ		
			84	City	FL 85	33117D
					corporation submits this statement for the purpose of changi	
office of fi	egistered agent, or both, in the State m familia: with, and accept the obliga	ol Horida, Such change was au ilio n, of, S a ction 607,0505, Flori	ithorized b ida Statute	by the corpo es.	oration's board of directors. I hereby accept the appointmen	nt as registered
SIGNATURE	Bestree	Horana	yuu		4110(98	8
	Standure, typed or printed name of registered age:			gent signature ri	equired when reinstating) DATE	
12.	OFFICERS AND	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE NAME	D DEEMAL DEATRICE A		1.2 NAME			ude T Yourion
STREET ADDRESS	Griderine, Derivine			T ADDRESS		
CITY-ST-ZIP	1 Accessor and common tra				ZIP - 3	32470
TITLE	D	DELETE	2.1 TITLE		□ Chai	
NAME	GREENALL, ANTHONY J	-	2.2 NAME			•
STREET ADDRESS	1		2.3 STREET ADDRESS			-4000
CITY-ST-ZIP	LOXAHATCHEE FL			-ST-ZiP	ZIP-33470	
TITLE	:	☐ DFLETE	3 1 TITLE		☐ Chai	nge Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST- ZIP		
TITLE		☐ DEL ete	4.1 TITLE		L Chai	inge L Addition
NAME			4. 2 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY-	ST-ZIP	Char	inge Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		LI CHAI	ilige [_] Addition
NAME STORET ADDOCCO						
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - 6.1 TITLE	31-41	Chai	inge Addition
NAME	í		6.2 NAME			- —
STREET ADDRESS	*			T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I hereby o	ertify that the information supplied wi	th this filing does not qualify for	the exemi	otion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that	t the information
officer or o	on this annual report or supplementa director of the corporation or the rece or Block 13 if changed, or on an attack.	iver or trustee empowered to ex	rate and treecule this	report as r	ature shall have the same legal effect as if made under oath required by Chapter 607, Florida Statutes; and that my name	n; that I am are e appears in