

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 JUL 28 PM 1:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000091966 (9)

1. Corporation Name

GREEN & WINIKOFF, INC.

Principal Place of Business

**9319 W SAMPLE ROAD
SUITE 201
CORAL SPRINGS FL 33065**

Mailing Address

**9319 W SAMPLE ROAD
SUITE 201
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1994

3a. Date of Last Report

2. Principal Place of Business

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2a. Mailing Address

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4. FEI Number

65-0552795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Contributions

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**\$5.00 May Be
Added in 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

**WINKOFF, ANDREW
9319 W SAMPLE ROAD
SUITE 201
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 of agent or principal officer of corporation and then applicable)

(Signature of registered agent required when instituting)

DATE

12. OFFICERS AND DIRECTORS

111

NAME

D

GREEN, GEORGE

STREET ADDRESS

9319 W SAMPLE ROAD SUITE 201

CITY, ST, ZIP

CORAL SPRINGS FL 33065

112

NAME

D

WINIKOFF, ANDREW

STREET ADDRESS

9319 W SAMPLE ROAD SUITE 201

CITY, ST, ZIP

CORAL SPRINGS FL 33065

113

NAME

STREET ADDRESS

CITY, ST, ZIP

114

NAME

STREET ADDRESS

CITY, ST, ZIP

115

NAME

STREET ADDRESS

CITY, ST, ZIP

116

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONAL CHANGES TO BE MADE TO ANY OF THE ABOVE

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed