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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Place of Business

3543 EMERALD OAKS DR

P95000008854 (8)

ANDREW B GREENMAN, INC.

Mailing Address

3543 EMERALD OAKS DR SUITE 150

**FILED** Apr 16 1998 8:00am Secretary of State



SUITE 150 HOLLYWOOD FL 33021-8436 HOLLYWOOD FL 33021-8436 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1995 2. Principal Place of Business. 2a. Mailing Address 4. FEI Number Applied For 1940 MALLION 940Harrin Sheed 65-0552623 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 又 5. Certificate of Status Desired 22 Fee Regulred 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 3 3020 azu 24 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent GREENMAN, ANDREW B 81 3543 EMERALD OAKS DRIVE Street Address (P.O. Box Number is Not Acceptable) HOLYWOOD FL 33021 City 85 Zip Code FI 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 Signeture, typod or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition GREENMAN, ANDREW B NAME 12 NAME 3543 EMERALD OAKS DRIVE STREET ADORESS 1.3 STREET ADDRESS HOLYWOOD FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition GREENMAN, BRENDA R NAME 2.2 NAME 3543 EMERALD OAKS DRIVE STREET ADDRESS 2.3 STREET ADDRESS HOLYWOOD FL 33021 CITY+ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 31 TITLE Change Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 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 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 STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-7IP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this 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.

SIGNATURES

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