FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000016290 (5)

PG GF	REINER, INC.			
Principal Place	of Business	Maling Address		TO THE REPORT OF THE PROPERTY
403 POINCIANA ROAD NOKOMIS FL 34275		POST OFFICE BOX 18881 SARASOTA FL 34276-1881		Date Incorporated or Qualified
2. Principal Pla 21 4707 C	ce of Business HALING CLOSS CIECLE	2a. Mailing Address 26		92/27/1995 4 FEI Number Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		Oity & State		6. Election Campaign Financing \$5.00 May Be
	SOTA, TL	28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangiale tax under s 199.032,
24 34241	25	29	30	Florida Statutes Yes M No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Hegistered Agent	81 Name	
				GREINER, GEORGE C
Greiner, George C			82 Street Ad	Lyoss (P.O. Box Number is Not Acceptable) CHARING CROSS CIRCLE
¥03 P0	INCIANA ROAD		83	1 CHARLING CLOSS CITCLE
NOKON	AIS FL 34275			
•			84 Orty <	ARASOTA FL BS 34241
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				
MILLIA CIFONGE (GLEINED, MELIDENT TEG / 1996.				
SIGNATURE _	Signal of typed or printed name of registered agent a	id tille it accessible — tN	Of at Ringereroo Agent signar ire requ	area when remarating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19.
TIFLE		DELETE		
NAME			1.2 NAME	GEORGE C. GREINER
STREET ADDRESS			13 STREET ADDRESS	+707 CHARING CEOSS CIRCLE SARASOTA (FL. 34241
CITY - ST - ZIP TITLE		DELETE	2 1 T(T.E	☐ Change ☐ Addition
NAME		(L) 50000	2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST ZIF			2 4 CHY-S1 20F	
TITLE		☐ DELETE	3.1 101.5	Cnange Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-7IP			3.4 CITY - \$1 - ZIP	
THILE		☐ DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	4.4 CGY-ST-ZIP 5.1 TITLE	Change Addition
TITLE		D Dittell	5.2 NAME	200001756132 Addition -03/25/9601071020
NAME STREET ADDRESS			53 STREFT ADDRESS	-03/25/9601071020
			5.4 Crity - ST - ZIP	***200.00
CITY - ST - ZIP TITLE		DELETE	6 1 Title	Change Addition
NAME			62 NAME	.v ,
STREET ADDRESS			6.3 STREET ACORESS	> 25
CITY - SI - ZIP			6.4 CH Y - ST - 7IP	3.7
14. I do hereb	y certify that the information supplied v	vith this filing is voluntarily fur	mished and does not qualit	fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

report of hereby centry 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 porporation 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 15 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR