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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1997 8:00am

Secretary of State

0292307

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018582 (3)

CAROL J. GRECO, INC.

SIGNATURE:

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Principal Place of Business Mailing Address									
4539 NORTHWA SUNRISE FL 33	AVENUE								
						3. Date incorporated or Qualified 03/06/1995		ite of Last Re 20/1996	eport
	ace of Business	2a. Mailing Address				4. FEI Number		}	plied For
21	# nto	Suite, Apt. #, etc.				65-0561906			of Applicable
Suite, Apt	#, E(C	27				5. Certificate of Status Desired		\$8.75 A	
City & State	?	City & State				6. Election Campaign Financing	_	\$5.00	
23	Country	28	T C011	nter.		Trust Fund Contribution	<u> </u>	Added t	·
Ζιρ 24		 	Country			8. This corporation has liability for Florida Statutes		tax under s. ∃ No	199.032
24	25 29 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
GRE	CO, CAROL J			81	Name				
	NORTHWEST 90TH AVENUE		}	82	Street Add	ress (P.O. Box Number is Not Acceptab	ua)		
SUN	IRISE FL 33351		Ì	-	Oliebi Add	iless (1.0. Box (4dilibe) is hot nocapial	,		
			[63					
			}	84	City			85 Zip (Code
			· · · · · · · · · · · · · · · · · · ·				FL		
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the ab	oove-	named cor	poration submits this statement for the parion's board of directors. I bereby accer-	urpose of	changing it	s registered
agent La	m familiar with, and accept the oblig	pations of, Section 607.0505, F	lorida State	utes.	ino corpora	ation's board of directors. I hereby accep	it trio tappi	Diritiriont da	registored
SIGNATURE									
	Signification typical or printed name of registered ag		TE: Registered	Agen	signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE COC AND	DIDECTOR	C (N) 12
12.	D OFFICERS AN	ID DIRECTORS DELETE	1.1 TiT	TI E		ADDITIONS/CHANGES TO OFFIC	ENS AND	Change	Addition
ì	GRECO, CAROL J		1		· · · · · · · · · · · · · · · · · · ·			Change	L_ ASSISTAN
NAME CEDICE ADJUNCE	4539 NORTHWEST 90TH AVE	NUE	1.2 NA		DDRESS				
STREET ADDRESS	SUNRISE FL 33351		1.4 Cf		1				
CHY-ST-ZIP TITLE		DELETE	2.1 7/7	****	201			Change	Addition
NAME		—	2 2 NA	ME	.]	•		-	
STREET ADDRESS					DORESS				
CITY-ST-Z-P			2 4 C			1			
TITLE		DELETE	3.1 T/T					Change	Addition 1
NAME.			3.2 NA	ME	1				
STREET ADDRESS			3.3 ST	REET A	DDAESS	•			
OTY-ST-ZiP			3.4. G	TY-\$T	-ZIP				
TITLE .		☐ DELETE	4.1 TrT	LE	_[Change	Addition
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CITY-St-ZiF			4.4 Cr1		- ZiP			T	
TITLE		☐ DELETE	5.1 T(T			·		Change	Addition
NAME			5.2 NA		-				
STHEFT ADDRESS					odress				
C(TY - S1 - ZIP		Theiere		TY-ST	- ZIP			Change	Addition
TiTLE		LT DELETE	6.1 717		}			mi histige	LJ MURICION
NAME			62 NA		, nancas				
STREET ADDRESS					IDDRESS)				
CHY-ST-ZIF	ou early that the information expension	nd with this filing dose not gue		iy-Si-		ed in Section 119.07(3)(i), Florida Statute	s I further	r certify that	the
informatio	riundicated on this appual report or	supplemental annual report is the receiver or trustee emno	true and a	COLIF	ote and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	il offact se	s if made un	deroath∵that