Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90014 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500026840 1. Garporation Name GREEN CONSTRUCTION MANAGEMENT INC						
Principal Place	e of Business	Mailing Address				
2300 NW 184 ST 2300 NW 184 ST MIAMI FL 33169 MIAMI FL 33169					•	
MIAMI FL 33169	9	MIAMI FL 33169		DO NOT WRITE IN TH	IS SPACE	
••				3. Date Incorporated or Qualifed 03/31/1995	· · · · · · · · · · · · · · · · · · ·	
2. Principal Pl	ace of Business	2a. Mailing Address	40.05	4. FEI Number	<u> </u>	lied For
21 13 <i>4</i>	5 NW 167 ST	26 1395 PW	167 ST	65-0565084		Applicable
Suite, Apt.	<u> </u>	Suite Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac	quired
City & State	x FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country	- Zip 2 1100 -	Country	8. This corporation owes the current year		□No
24 <u>551</u> (0 ⁴ 25 V > / 1	29 35107 30	<u> </u>	Personal Property Tax.		LINO -
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	au Agent	
GRE	EN, HAROLD L		L			
2300 NW 184 ST			82 Street Add	ress (P.O. Box Number is Not Acceptable)		Ì
MIAMI FL 33169			83			

			84 City	F	85 Zip C	ode
office or re agent. I as SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the obligat Signature, typed or printed name of registered agent	of Florida. Such change was authorions of, Section 607.0505, Florida tand title if applicable. (NOTE: Re	orized by the corporati	poration submits this statement for the purpose ton's board of directors. I hereby accept the ap added when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	pointment as reg	istered
TITLE	D OFFICERS AN	DELETE	1.1 TITLE	ADDITIONAL MATERIAL POLICE	Change	Addition
NAME	GREEN, HAROLD L		1.2 NAME			
STREET ADDRESS	2300 NW 184 ST		13 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33169		14 CITY-ST-ZIP			
TITLE	(7)4 4.11 / 2 00 / 00	☐ DELETE	2.1 TITLE		[] Change	Addition
NAME			2.2 NAME	-		}
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition [
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		7 a. etc	4.4 CITY-ST-ZIP	* · · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		☐ DELETE	5.1 TITLE			C1 Manifold
NAME			5.2 NAME 5.3 STREET ADDRESS		2	ļ
STREET ADDRESS			5.4 CITY-ST-ZIP			1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change	Addition
TITLE		[] DEFETE	62 NAME		T 21.01.90	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING

TRESIDENT

JAN 2 1999

305-620-2220

Daytime Phone #