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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000027565 (7)

JEFFREY L. GREENBERG, P.A.

Principal Place of Business Mailing Address

## **FILED** Apr 21 1997 8:00am Secretary of State



5550 GLADE BOCA RATO	S ROAD STE 401 N FL 33431		5550 GLADES ROAD STE 401 BOCA RATON FL 33431-7257					<del></del>	<del></del>		
							3. Date Incorporated or Qualified 3a. Date 0 04/06/1995 05/01/			of Last Report /1996	
2. Principal	Place of Business	2a. Mailing Addre	2a, Mailing Address				4. FEI Number	.1		Applie	d For
21		26	26			65-0571267	Not Applicable				
Suite, Ap	ot #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & St	ato	City & State	├ <del></del> ŋ '			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Zip Country Zip 30						8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No				
	g. Name and Address of Cur	rent Registered Agent					10. Name and Address of New Re	gistered /	Agent		
G	reenberg, Jeffrey L			81	I N	ame					
55 B(		62	82 Street Address (P.O. Box Number is Not Acceptable)					<del></del>	<del></del>		
				83	3						
				84	C	ity		FL	85	Zip Cod	е
agent I	am familiar with, and accept the ob- Signature typicd or printed name of registered	ligations of, Section 607.0	0505, Florida	Statute	38.		ation's board of directors. I hereby acception when reinstaling)	DATE			
12.		AND DIRECTORS	······································	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND			
THLE	D	□ DE	LETE	I.1 TITLE					☐ Cha	inge L	Addition
NAMÉ	GREENBERG, JEFFREY L 5550 GLADES ROAD STE 4	104		.2 NAME							
STREET ADORES	BOCA RATON FL 33431	101	i i	I.3 STREE							
TITLE	DOOK INTOIL LE 00401	DE		1.4 CITY- 21 TITLE		<sup>P</sup>			☐ Cha	anne	Additio
NAME		tun 22	1	2 NAME							
STREET ADDRES	5			2.3 STREE	ET ADD	RESS					
CITY - S1 - ZIP				2. 4 CITY-	- 51 - Z	P					
TITLE		DE	LETE :	3.1 TITLE					Cha	ange [	Additio
NAME				3.2 NAME							
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NAME				5.2 NAME	Ε	1					
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TITLE		☐ DE		5.1 TITLE		}			Cha	ange [	Additio
NAME CLOSES ACCOUNT	r.		- 1	S 2 NAME		DECC.					
STREET ADDRES	)			63 STREE		1			•		
CITY - S1 - ZIP	1			6.4 CITY-	51-71	<u>r</u>					

14. I do 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 of 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 direction of the d

SIGNATURE:

Des. Jeffrey L. Greenberg 4/14/97 750-1001