

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037281 (9)

1. Corporation Name
GREENLITE PROPERTY MANAGEMENT GROUP, INC.

Principal Place of Business
23257 NORTH S.R. 7
SANDLEFOOT PROFESSIONAL PLAZA
BOCA RATON FL 33428

Mailing Address
23257 NORTH S.R. 7
SANDLEFOOT PROFESSIONAL PLAZA
BOCA RATON FL 33428-5448



2. Principal Place of Business		2a. Mailing Address	
21 141 NW 20th St	26 141 NW 20th St	3. Date Incorporated or Qualified 05/09/1995	
22 Suite F2	27 Suite F2	3a. Date of Last Report 05/01/1996	
23 Boca Raton FL	28 Boca Raton FL	4. FEI Number 65-0580546	
24 33431	25 Palm Bch	Applied For Not Applicable	
29 33431		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
30 Palm Bch		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
SILVERSTEIN, NORMAN
% GREENLITE PROP. MGMT.
23257 STATE RD. 7
BOCA RATON FL 33428

10. Name and Address of New Registered Agent
81 Mr. Cort Neimark
82 40 Neimark, Greener + Kadel
83 800 Corporate Dr St 602
84 Ft Lauderdale FL 85 33334

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, to 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 Cort Neimark DATE 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GITLIN, ALLEN	1.2 NAME	
STREET ADDRESS	23257 NORTH S.R. 7	1.3 STREET ADDRESS	141 N.W. 20th St. Suite F-2
CITY-ST-ZIP	BOCA RATON FL 33428	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33431
TITLE	ST	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERSTEIN, NORMAN	2.2 NAME	
STREET ADDRESS	23257 NORTH S.R. 7	2.3 STREET ADDRESS	141 N.W. 20th St Suite F2
CITY-ST-ZIP	BOCA RATON FL 33428	2.4 CITY-ST-ZIP	BOCA RATON, FL. 33431
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 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.

SIGNATURE: [Signature] Sec. Treas. 4/30/97

CR2E034 (9/96)