

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

FILED

Apr 28 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 # P95000037562 (2)

1. Corporation Name
GREER CAPITAL MANAGEMENT COMPANY



Principal Place of Business 125 WORTH AVE STE 212 PALM BEACH FL 33414 US	Mailing Address 125 WORTH AVE STE 212 PALM BEACH FL 33480-4486 US
--	---

3. Date Incorporated or Qualified 05/11/1995	3a. Date of Last Report 03/21/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 65-0570226	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

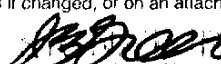
9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE SUITE 500 EAST W PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	--

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GREER, J BRADFORD	1.2 NAME	GREER, J. BRADFORD
STREET ADDRESS	133 FORESTER CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	BREKIS, GORDON L	2.2 NAME	BREKUS, GORDON L.
STREET ADDRESS	120 DUNBAR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	DVAS ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	KEMBLE, WILLIAM T JR	3.2 NAME	
STREET ADDRESS	206 CARRIBEAN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	DCFO ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	ARPS, PETER D	4.2 NAME	
STREET ADDRESS	126 PERUVIAN 4	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	4.4 CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	D ☐ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	PENDERGRAST, GERARD J JR	5.2 NAME	PENDERGAST, GERARD J. JR.
STREET ADDRESS	576 E RAMBLING DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97 561-659-5889
Date Daytime Phone #

CR2E034 (9/96)