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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000066458 (7)

GREENERY SQUARE, INC.

Principal Place of Business

Mailing Address

44 LOGGEDUEAD LANE

44 LOCCEDIEAD LANE



PONTE VEDRA BEACH FL 32082		PONTE VEDRA BEACH FL 32082							
<u>.</u>						3. Date Incorporated or Qualified 08/28/1995	3a. Date	of La	st Report
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3334403			Not Applicable
Suite Apt.#	·	Suite, Apt. #, etc.	** ***********************************			5. Certificate of Status Desired			.75 Additional ee Required
Crty & State		City & State				6. Election Campaign Financing Trust Fund Contribution			5.00 May Be dded to Fees
<i>Z</i> ip .∷1	Country	<i>Z</i> ip		untry		8. This corporation has liability for i		x unde	ers 199.032,
24]	25 9. Name and Address of Currer	29	30				□ No		
	s. Name and Address of Currer	it negistered Agent		81	Name	10. Name and Address of New R	egistered /	Agent	
511001	N441 410507 5 10			"	Name				
	IMAN, ALBERT E JR			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	OUTH THIRD STREET		83						
SUITE				"					
JACKS	ONVILLE BEACH FL 32250			84	City		FL	85	Zip Code
11 Pursuant to	the provisions of Sections 607 0500	2 and 607 1509. Etorida Statu	too too ob		omod como	rotion a parity this statement for the		لـلــ	:a1-4
SIGNATURE _						ration submits this statement for the pur rd of directors. I hereby accept the appo			
12.	ilyr at ire, typed or printed name of registeric agent.	Land their applicacies (N DI DIRECTORS	OTE Registered	d Agent	signature requires	d when reinstating)	DATE OFFICE AND	DIDE	27000 #146
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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.

MUST 15 - THE ET GIVENS 2-21-96 904/285/6763