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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000067757

Principal Place of Business

GREENSBORO REALTY, INC.

2170 SR 434 W., SUITE 330 LONGWOOD FL 32779		2170 SR 434 W SUITE 330 LONGWOOD FL 32779			DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed 08/25/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied Fo	r	
21		26			<b>59-3332933</b> Not Applica		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additions	al l	
22		27			Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	,	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	у	8. This corporation owes the current year Intangible		
24	25	29 30	<u>)                                    </u>		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	104	т	10. Name and Address of New Registered Agent		
DIED	CEFIELD, DAVID S		81	i Nai	ame	Į	
230 LOOKOUT PLACE				Str	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 200				3			
MALI	'LAND FL 32751		84	Cit	ity 85 Zip Code		
				<u> </u>	FL   S   Z   COUR		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State om m familiar with, and accept the obligat	of Florida. Such change was auth	orized by	/ the c	amed corporation submits this statement for the purpose of changing its register corporation's board of directors. I hereby accept the appointment as registered	ea	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: Re	raistered Ane	not signal	nature required when reinstating) DATE	.	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2	
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Ad	Idition	
NAME	HACHENBERGER, DONALD J	1	1.2 NAME				
STREET ADDRESS	2170 SR 434 W., SUITE 330		1.3 STREE	ET ADDR	DRESS		
CITY-ST-ZIP			1.4 CITY-S	ST. ZIP	·	- 1	
TITLE	D	☐ DELETE	2.1 TITLE	57 <u>E.II</u>	☐ Change ☐ Ad	dition	
NAME	HACHENBERGER, GLENDA		2.2 NAME				
STREET ADDRESS	2170 SR 434 W., SUITE 330	;	2.3 STREE	ET ADDR	DRESS	}	
CITY-ST-ZIP	LONGWOOD FL 32779	1	2. 4 CITY-		,	- 1	
TITLE			3.1 TITLE	<u> </u>	☐ Change ☐ Ad	dition	
NAME		_	3.2 NAME			-	
STREET ADDRESS			3.3 STREE		DRESS .	1	
CITY-ST-ZIP			3.4. C/TY-1		4 ·	ļ	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Ad	dition	
NAME			4. 2 NAME	Ė		]	
STREET ADDRESS			4.3 STREET		PRESS	l	
CITY-ST-ZIP			4,4 CITY-ST-		,	- 1	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ad	ldition	
NAME			5.2 NAME			- (	
STREET ADDRESS			5.3 STREE	T ADDRI	PRESS		
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	Idition	
NAME			6.2 NAME			- 1	
STREET ADDRESS			6.3 STREE	TADOR	ORESS :		

14. I hereby cartify that the information supplied with this filling 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 approach of the receive of 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 chapter 607 and attachment with an address, with all other like empowered.

**SIGNATURE** 

CITY-ST-ZIP

<u>Hachenberger</u>

407-869-7664

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90091 006 \*\*\*150.00

CR2E034 (11/98)