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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000073315 (0)

GREENS-A-US INC.

Principal Place of Business

2234 BOUTEL DRIVE JACKSONVILLE FL 32208 Mailing Address

POST OFFICE BOX 28196
JAKCKSONVILLE FL 32226-8196

FILED Apr 30 1997 8:00am Secretary of State



	E FE DERIV	UNIONOOHVILLE I	L SELECTO I DO						
						3. Date incorporated or Qualified 09/22/1995		te of Last R 30/1996	eport
—	lace of Business	2a. Mailing Addres	s			4. FEI Number			oplied For
21	Д	26 Suite Ast # 6				59-3337913			ot Applicable
Sulte, Apt.	₩, Q(C.	F- 1	Suite, Apt. #, etc.			5. Certificate of Status Desired		+	Additional equired
City & State	9	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zφ	Co	unitry		8. This corporation has liability for i			. 199.032,
24	25	29	30			1 TOTTOG OLGANOTO	Yes 🗓		
40.00	9. Name and Address of Cur	rrent Registered Agent		81	Name	10. Name and Address of New Re-	alstered A	gent	
	LIAMS, KEITH M , S.K.			61	Name				
	CHALMET LANE XSONVILLE FL 32218			82	Street Add	iress (P.O. Box Number is Not Acceptab	le)		
JAC	MOUNVILLE FL 32210			83					
				84	City		FL	85 Zip	Code
office or r	registered agent or both in the S	tate of Horida, Such change	was authoriza	od by	/ the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of	LLL changing it pintment as	ts registered registered
agent. I a SIGNATURE	im familiar with, and accept the of	bligations of, Section 607.05	:05, filorida Sta	atutes	· ·				-
	Signature, typed or printed name of registerer				ent signature requ	uired when roinstating)	DATE	DIDECTO	20 11 10
12.	OFFICERS 81	AND DIRECTORS DELE	13			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	AS IN 12 Addition
TITLE	JAMES-WILLIAMS, ORA			THLE				Change	Addition
NAME	929 CHALMET LANE			NAME	thiphetoc				
STREET ADORESS	JACKSONVILLE FL				ADDRESS				
CITY-ST-ZIP TITLE		DELE		CHTY-S TITLE	01 - 20"			Change	Addition
NAME				NAME					_
STREET ADDRESS					AODRESS				
CITY-ST-ZIP					\$1-7IP				
TITLE		☐ DELE		HILE				☐ Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP			3.4.	CITY -	S1 - ZIP				
TITLE		☐ DELI	TE 4.1	TITLE				☐ Change	Addition
NAME .	-		.4.2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				0114-5	S1 - ZIP			1 7 60	1.2.200
Ture	,	[_] D£LI		THLE				Change	Addition
NAME				NAMÉ					
STREET ADDRESS	•				ADDRESS				
CITY-ST-ZIP		□ DELU		OTY-S	S1-7IP			Change	Addition
TITLE		L. Dett		TITLE Makar				m cuange	LF Audition
NAME				NAME Carre	r ADDRIGO				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	by cortify that the information our	noticed with this filing door or		CHY-S		ed in Section 119.07(3)(i), Florida Statute	s I furlbe	certify the	t the
informatio	on indicated on this annual report	For supplemental annual report or the receiver or trustee ed, or on an attachment with	ort is true and empowered to	lacc	urate and tha	at my signature shalf háve the same lega ort as required by Chapter 607, Florida S	al effect as	s il made un	nder oath; tha