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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9500085776

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90045 028 \*\*\*150.00

1. Corporation		000770							
GREEN	YARD, INC.								
						<b>11</b> 14 LIM 444			
Principal Place of Business Mailing Address									
1769 SW 29 AVE 7400 STIRLING ROAD #1514									
ST LAUDERDALE FL 33312 DAVIE FL US					DO NOT WRITE IN THIS SPACE				
00					3. Date Incorporated or Qualife				-
					11/08/1995				
Principal Place of Business     2a. Mailing Address					4. FEI Number	•	A	plied For	
21 26		26			65-0627618	•	No	t Applicable	15
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75		
22		27			S. Commodic of Citation Dosmod		Fee Re	equired	
City & State		<b>⊢</b> '	City & State		6. Election Campaign Financing \$5.00 May Be				
23 28			Country		Trust Fund Contribution		Added	to Fees	
Zip	Country Zip		30		8. This corporation owes the co	urrent year In	itangible □ Yes	200	
24	9. Name and Address of Current		30]		Personal Property Tax.  10. Name and Address of New	v Registered		Z 10-	
	or Hame did Addiese of Garrens		- 8	11 Name					
SQL	JIRES, JONATHAN		-		<del></del>				
7400 STIRLING ROAD #1514			82 Street		ess (P.O. Box Number is Not Acce	ptable)		}	
DAV	1E FL		8	13		31/ 1 A 8		36.271.59	
			-		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	A 10 10 10 10 10 10 10 10 10 10 10 10 10			
			•	14 City		FL	'   <b>85</b>   'Zip (	Code" '^'	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	and 607.1508, Florida Statutes	s, the abo	ve-named corpo	pration submits this statement for the	ne purpose o	f changing its	registered	
office or r	registered agent, or both, in the State o	r Florida. Such change was au	thonzed t	iv the comoratio	n's board of directorsI hereby acc	cept the appo	intment as re	aisterea i	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statut	es.				اعدابتات	
	am familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Statut	es.	·				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: 8	Registered A		when reinstating);	· DATE			<u></u>
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered A	gent signature required	when reinstating): ADDITIONS/CHANGES TO C	· DATE	ND DIRECTO	PRS IN 12	1,08)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: 8	13.	gent signature required	when reinstating);	· DATE			(4/1/08)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD SQUIRES, JONATHAN	and title if applicable. (NOTE: F	13. 1.1 TITLE	gent signature required	when reinstating): ADDITIONS/CHANGES TO C	· DATE	ND DIRECTO	PRS IN 12	024-711/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD SQUIRES, JONATHAN 1769 SW 29 AVE	and title if applicable. (NOTE: F	13. 1.1 TITLI 1.2 NAM 1.3 STRE	gent signature required  E  E  EET ADDRESS	when reinstating): ADDITIONS/CHANGES TO C	· DATE	ND DIRECTO	PRS IN 12	20E034:711/08)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD SQUIRES, JONATHAN	and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY	pent signature required  E E EET ADDRESS -ST-ZIP	when reinstating): ADDITIONS/CHANGES TO C	· DATE	ND DIRECTO	PRS IN 12	CP2E034-74708)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND PTD SQUIRES, JONATHAN 1769 SW 29 AVE	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE	gent signature required  E  E  EET ADDRESS  -ST-ZIP  :	when reinstating): ADDITIONS/CHANGES TO C	· DATE	ND DIRECTO	PRS IN 12	CD0E034-711/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PTD SQUIRES, JONATHAN 1769 SW 29 AVE	and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	gent signature required  E  E  E  E  E  -ST-ZIP  E	when reinstating): ADDITIONS/CHANGES TO C	· DATE	ND DIRECTO	PRS IN 12	CD2E024-(11/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PTD SQUIRES, JONATHAN 1769 SW 29 AVE	and title if applicable. (NOTE: FD DIRECTORS DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI	gent signature required  E E EET ADDRESS - ST-ZIP E EET ADDRESS	when reinstating): ADDITIONS/CHANGES TO C	· DATE	ND DIRECTO	PRS IN 12	CR2E034 (11/98)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PTD SQUIRES, JONATHAN 1769 SW 29 AVE FT LAUDERDALE FL 33312	and title if applicable. (NOTE: if DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 6.4 CITY 5.3 STRE 6.4 CITY	jent signature required  E E EET ADDRESS -ST-ZIP E E EST-ZIP E E EST-ZIP E E EST-ZIP E E EST-ZIP	when reinstating): ADDITIONS/CHANGES TO (	DATE DEFICERS AI	ND DIRECTO Change Change Change	Addition  Addition  Addition  Addition	CD0E024-741/08)
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14. I hereby certify 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 or supplied 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 true 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 of an attachment with an address, with all other like empowered.

**SIGNATURE:** 

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-9

7924697