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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 13 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

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GREENPLEASE, INC.

| Principal Place of Business Mailing Address | | | | | | | | 1 toditieder 146 i fisikel Stritt Oditit Sparie Marie Aditie ideite aufeit aufeit aufeit aufeit aufeit aufeit | | | | |
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| 1540 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33334 | | | | 1540 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33334-5752 | | | | | | | · | |
| TOTAL CHOPCH | DATE IL GOOG | | | | | | | | | | | |
| | | | | | | | | 3. Date Incor 12/04/19 | porated or Qualifi 195 | ed 3a. 1 | Date of Last Re 1/10/1996 | eport . |
| 2. Principal Place of Business | | | | 28. Mailing Address | | | | 4. FEI Numbe | | | Ap | plied For |
| 21 | | | 26 | | | | | 65-065 | 3377 | | | t Applicable |
| Suite, Apt. #, etc | | | 27 | | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | |
| City & State | | | 28 C | City & State | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Ζιρ | | Country | Z1 | р | | un ir y | | | ration has liability | | | 199.032, |
| 24 | | | | 30 | | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | | | | |
| | | d Address of Current | Register | ed Agent | | 81 | 6 1 | 10. Name and | Address of New | / Hegistere | a Agent | |
| RENZ, HEINZ | | | | | | 01 | Name | | | | | |
| 1540 E. COMMERCIAL BLVD. FORT LAUDERDALE FL 33334 | | | | | | 82 | Street Addre | ess (P.O. Box Nu | mber is Not Acce | ptable) | | |
| ror | NI ENODERDA | LE 1 E 00007 | | | | 83 | | | | | | , |
| | | | | | | 84 | City | | | | 85 Zip (| Code |
| 11 Due out | to the provisions | s of Sections 607,0502 | 2 and 607 | 1500 Florida State | toe the s | bove | named core | voration eubmite t | nie statement for t | he nurnose | - | s registered |
| office or r | ronistored enent | or both, in the State and accept the obliga | of Florida | Such change was | : Authorize | MID. | the comorati | ion's board of dir | ectors. I hereby a | ccept the a | ppointment as | registered |
| ļ | (17) (Est 1 met - 4472) ; | and accopt the conga | | | | | | | | | | |
| SIGNATURE | Signature, typed or p | rinted name of registered ager | and tibe if a | pplicable (NC | TE: Registere | od Age | int signature require | ed when reinstating) | | DATÉ | | |
| 12. | | OFFICERS AND | DIRECTO | | 13. | | | ADDITIONS | /CHANGES TO O | FFICERS A | | |
| THTLE | PVST | | | ☐ DELETE | 1.1 T | ITLE | | | | | Change | Addition |
| NAME | RENZ, HEIN | | | | 1.2 % | IAME | | | | | | |
| STREET ADDRESS | | MMERCIAL BLVD. | | | 1.3 \$ | TREET | ADDRESS | | | | | |
| CITY-\$1-749 | FORT LAUD | ERDALE FL 33334 | | | 1.4 0 | ITY - S | T-ZIP | ., | | | | |
| TITLE | D | | | DELETE | 2.11 | ITLE | | | | | L Change | Addition |
| NAME | RENZ, HEIN | | | | 2.2 % | IAME | | | | | | 1 |
| STREET ADDRESS | | MMERCIAL BLVD. | | | 2.3 \$ | TAEET | ADDRESS | | | | | |
| CITY-SI-7IP | FORT LAUD | ERDALE FL 33334 | | · | 2.4 | City- | ST-ZIP | . * | | | | 1 |
| TITLE | | | | ☐ DELETE | 311 | ITLE | | | | | L Change | Addition |
| NAME | | | | | 3.2 h | IAME | | | | | | |
| STREET ADDRESS | - | | | | 335 | TREET | ADDRESS | ** - | | · · · · · · · · · | | |
| CITY - ST - 7(P | | | | | | | SY-ZIP | | | | | 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
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| STREET ADDRESS | | | | | 4.3 8 | TREET | ADORESS | | | | - | |
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| TITLE | | ······································ | | ☐ DELETE | 5.11 | | 1 | | | | Change | |
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| | | | | ☐ DELETE | 5.21 | IAME | ADORESS | | | | LJ Change | |
| NAME | | | | | 5.2 l 5.3 \$ 5.4 (| NAME STREET CITY-S | ADORESS ST-ZIP | | | | | |
| NAME STREET ADDRESS | | | 1.15.11 | ☐ DELETE | 5.2 l 5.3 \$ 5.4 (6.1 l | IAME STREET CITY-S TITLE | | | | | Change | Addition |
| NAME STREET ADDRESS City-St-Zip | | | | | 5.2 l 5.3 \$ 5.4 (6.1 l | NAME STREET CITY-S | | | | | | |

14. I do hereby certify that the information supplied with his 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 combration 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 of changed, or on an attachment with an address.