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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000097958

1. Corporation Name

GRECO ARCHITECTURE & CONSTRUCTION STUDIO, INC.

Principal Place	e of Business	Malling Address			_	]	. 110 10101 2111 21			
1931 SE 18TH S	1931 SE 18TH ST									
POMPANO BCH FL 33062		POMPANO BCH FL 33062				DO NOT WRITE IN THIS SPACE				
us us		US				3. Date Incorporated or Qualifed				
						12/28/19				
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				Applied For
— ·	lace of Eddiness	26				65-06322	58		·	Not Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.			_				\$8.7	5 Additional
22		27				5. Certificate of	Status Desir	ed 🗌	• Fee	Required
City & State	e	City & State				6. Election Car	npaign Finan	cing _	\$5.0	0 May Be
23	_	28				Trust Fund		,,,,,,,	Adde	ed to Fees
Zip	Country	Zip	Countr	y	٠٠ نــ	8. This corpora	ition owes the	current ye		[
24	25	29	30			Personal Pr	operty Tax.		Yes	□No
	9. Name and Address of Curren	t Registered Agent		-		10. Name and	Address of N	ew Regist	ered Agent	
			8	1 Nan	ne					)
	CO, RAFFAELE		8:	2 Stre	et Addre	ess (P.O. Box Nun	ber is Not Ac	ceptable)		
	SE 18TH STREET									
POM	IPANO BEACH FL 33062		8:	3						
			8	4 City	,				85 2	(ip Code
	•		i	1					FL	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abo	ve-nam	ed corpo	oration submits this	statement fo	r the purpo	se of changing	its registered
affina ar s	pointered agent or both in the State	of Florida, Such chande was all	rnonzea n	iv ine co	poration	n's board of direct	ors. I nereby	accept the	appointment a	registered
anent La	m familiar with, and accept the Obliga	tions of Section 607,0505. Florid	da Statute	95.						
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statute	5.						
agent. I a SIGNATURE	m familiar with, and accept the obligation of registered ager	tions of, Section 607.0505, Fiori	ga Statute	95.		when reinstating)		DA	ΤE	
agent. I a	Signature, typed or printed name of registered ager	tions of, Section 607.0505, Fionions and title if applicable.  (NOTE: FID DIRECTORS	ga Statute	95.		when reinstating)	CHANGES TO		TE RS AND DIREC	
agent. I a SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Ag	ent signati		when reinstating)	CHANGES TO		ΤE	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ager OFFICERS AN P GRECO, RAFFAELE	tions of, Section 607.0505, Fionions and title if applicable.  (NOTE: FID DIRECTORS	Registered Ag	ent signati		when reinstating)	CHANGES TO	OFFICE	TE RS AND DIREC	
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14. I hereby certify that the information supplied with this 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 tiple 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 of the reporter 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR