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

Mailing Address
6200 NE 22ND WAY #301

2a. Mailing Address

or on an attachment with an address.

FT. LAUDERDALE FL 33308-2241

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

6200 NE 22ND WAY #301

FT. LAUDERDALE FL 33308

2. Principal Place of Business

DOCUMENT # P9600002021 (9)

GREEN TURTLE OF AMERICA INC

21		20	·····			TO TO TO THE THOU Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation has liability for intengible tax under s. 199.032,
24	25 29 30			Florida Statutes Ses No		
	9. Name and Address of Curr			T		10. Name and Address of New Registered Agent
ORMAN, SCOT				81 Name		
6200 NE 22ND WAY #301 FT. LAUDERDALE FL 33308				82 Street Address (P.O. Box Number is Not Acceptable)		
				84	City	FL 85 Zip Code
				11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) OATE						
12.	prature, Typed or perfluid name of registered a OFFICERS A	ND DIRECTORS	(NOTE: Hagisian	ed Agei	ni signature requi	red when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRES			TITLE		Change Addition
NAME	TOHA) ORMAN	، اسما		NAME		The Grands
STREET ADDRESS	6200 415 22 M	ALL SESOI			ADDRESS	
STREET ALIONESS	TOHN ORMAN 6200 NE 22 Mu FT LAND GROME	= 23300			· I	
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NAME				NAME		•
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NAME				IAME		
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NAME				NAME		
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TITLE		ال		TITLE		Change Addition
NAME				MAME		
STREET ADDRESS			6.3 5	STREET.	address	
CITY-ST-ZIP	·			CITY - ST		
14. I do 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 true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name						

FILED Feb 14 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For



3. Date Incorporated or Qualified

01/02/1996