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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9600005632 (0)

D. L. GREENE, INC.

**FILED** Mar 10 1998 8:00am Secretary of State

|--|--|--|

Principal Place of Business	Mailing Address			,			
4411 BEE RIDGE ROAD. #585		2199 PRINCETON STREET SARASOTA FL 34237 US					
SARASOTA FL 34233				DO NOT WRITE IN THIS SPACE			
	00			3. Date Incorporated or Qualified			
				01/18/1996			ľ
2. Principal Place of Business	2a. Mailing Address			4, FEI Number		Ar	plied For
21 2199 PRINCETON '	ST, 26			65-0636294		No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75	Additional
22 SARASOTA	27			6. Certificate of Status Desired		Fee Re	quired
City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23 FLORIDA	28			Trust Fund Contribution		Added (	o Fees
Zip Country	Zip	Count	ry	8. This corporation owes or has pai	id the current		
24 34237 25 U. G.	A ·  29	30		Personal Property Tax due June			No
9. Name and Address of (	Current Registered Agent		AT 11	10. Name and Address of New Reg	gistered Age	<u>nt</u>	
Greene, Deborah L		je	1 Name				·
4411 BEE RIDGE ROAD, #585	5	ē	2 Street Add	dress (P.O. Box Number is Not Acceptable	le)		
SARASOTA FL 34233					·		
		8	3				
		, a	4 City		<b>—</b> , 6	5 Zip	Code
			"		FŁ [	1	
<ol> <li>Pursuant to the provisions of Sections 60 office or registered agent, or both, in the</li> </ol>	n State of Florida. Such channe w	ae authorizad l	by the corpora	ation's board of directors. I hereby accep	It the appoint	ment as	registered
SIGNATURE	e obligations of, Section 607.0505	, Florida Statut	es.				
SIGNATURE Signature, typiod or printed name of registe	e onligations of, Section 607.0505	, Florida Statut	es.	uired when reinstating)	DATE		
SIGNATURE Signature, typod or printed name of registres.  12. OF EICE.F	e obligations of, Section 607.0505  tered againt and little # applicable ( RS AND DIRECTORS	, Florida Statut  (NOTE Registered A	es. gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	
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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 outh; 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

2-26-98