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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600006206 (2)

GREENLEAVES AND GRASS, INC.

FILED Apr 30 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Ad	Mailing Address				4 DEGLIERY HIR BRILL BEING BEING BRILL BRILL BRILL BRILL BRILL HORY WORK				
7041 GRAND NATIONAL DRIVE #230 ORLANDO FL 32819			7041 GRAND NATIONAL DRIVE #230 ORLANDO FL 32819-8380					-			
							3. Date incorporated or Qualified 01/17/1996	3a. D	ate of Las	t Report	
- 100 cm	lace of Business AAH ST. N.	2a. Mailing	Address				4. FEI Number 59-336/19/			Applied For	
21 0800 Sulte, Apt.			Suite, Apt. #, etc.				31- 9361171			Not Applicabl	
22 Sul	Alexan Cham	27	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	ichlas Park FL		City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Cou			ntry		8. This corporation has liability for	intangible	e tax unde	r s. 199.032,	
24 83782 25 U.S.A		29						Yes			
	9. Name and Address of Curren	t Registered Ag	ent				10. Name and Address of New Re	gistered	Agent		
LAUI	BACH, TIMOTHY C ESQ				81	Name					
	MOUNT VERNON STREET					Street Ac	et Address (P.O. Box Number is Not Acceptable)				
ORL	ANDO FL							,			
					83						
					84	City		FL	85 Z	p Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508,	Florida Statute	es, the at	l	e-named co	prporation submits this statement for the			a its registered	
office or r	registered agent, or both, in the State	of Florida, Such ations of Section	change was a 507 0505 Etc	authorized orida Stat	d by utes	the corpo	orporation submits this statement for the pration's board of directors. I hereby acce	ot the ap	pointment	as registered	
	Come to mik	M	V. Pris	nicia Otar	OIQ.	J.			4-23.	97	
SIGNATURE	Signature, typed only inted name of registered age	nt and tide if applicable		Flegistered	i Age	int'signature re	quired when reinstating)	DATE	1.00		
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFIC	CERS AN	D DIRECT	ORS IN 12	
TITLE	PTD		DELETE	1.1 10	ILE				Chang	e 🔲 Additio	
NAME	CASEY, WILLIAM D			1.2 NA	MŁ						
STREET ADDRESS	7041 GRAND NATIONAL DRIVE	#230		1.3 S1	REFT	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32819			1.4 00	1Y-S	1-7IP					
TITLE	SVD		DELFT	21 TII	ILE				Chang	e Additio	
NAME	AMRHEIN, JAMES A			22 NA	ME	ĺ					
STREET ADDRESS	5563 2ND AVENUE NORTH			2 3 ST	REET	ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33710			2 4 0	TY - 9	51 - ZIP					
TITLE			DELETE	3.1 111	Tt F				Chang	e Additio	
NAME				3.2 NA	3M/	ì					
STREET ADDRESS				3.3 ST	REET	ADDRESS					
CITY-ST-ZIP				3.4. C	11Y-5	ST - ZIP					
TITLE			DELETE	4.1 10	LE.				Chang	e 🔲 Additio	
NAME				4. 2 N	AME	İ					
STREET ADDRESS				4.3 ST	HEFT	ADDRESS					
CITY-ST-ZIP				4.4 CI	1Y-5	T- 21P					
TITLE			DELETE	5.1 Til	TLE				Chang	je 🔲 Additio	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 51	REFT	ADDRESS					
CITY-ST-ZIP				5.4 CF	IY-S	T - 7IP					
TITLE			DELETE	6.1 T)	1LE				Chang	e Additio	
NAME				62 NA	AME						
STREET ADDRESS				6 3 ST	REEI	ADDRESS					
CITY-ST-ZIP	<u> </u>			6.4 DI							
14. I do herek	by certify that the information supplies	d with this filing o	does not qualif	y for the	exe	mption sta	ted in Section 119.07(3)(i), Florida Statute	s. I furthe	er certify th	at the	

Information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 narrie appears in Block 12 or Block 13 if changed, or on anythachment with an address.

GNATURE:

**True Information supplies the information supplies the information supplies the information supplies the exemption stated in Section 11 and 12 and 13 in the information supplies the information information supplies the information information supplies the information in