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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023268 (1)

1. Corporation Name
GREENHOUSE, INC.

Principal Place of Business
705 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

Mailing Address
705 E. NEW HAVEN AVENUE
MELBOURNE FL 32901-5430



NO CHANGES

2. Principal Place of Business
21 705 E. NEW HAVEN AVENUE

2a. Mailing Address

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

23 MELBOURNE FL.

28

Zip

Country

Zip

Country

24 32901

25 BREVARD

29

30

9. Name and Address of Current Registered Agent

BRICKER, JOHN R
705 E. NEW HAVEN AVENUE
MELBOURNE FL 32901

3. Date Incorporated or Qualified
03/11/1996

3a. Date of Last Report
NONE

4. FEI Number
59-3413163

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
* Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name
JOHN R. BRICKER

82 Street Address (P.O. Box Number is Not Acceptable)

2565 BILLIE LN.

83

84 City
MALABAR

FL

85 Zip Code
32950

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person appointed as registered agent, and if not applicable, the registered agent's signature required when reinstating.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BRICKER, JOHN R
2565 BILLIE LANE
MALABAR FL 32950

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 oath; 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000020

CR2E034 (9/96)