Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90114 024 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600038251

1. Corporation Name

GREENS	O TO TOU INC.											
Principal Place	e of Business	M	ailing Address	_					Billi Billi balır	FREE COLUMN	(å) ibila (la	it Bride (101 100)
9980 SW 104TH			90 SW 104TH ST									
MIAMI FL 33176 MIAMI FL 33176												
US US								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated of	r Qualifed			
				_				04/29/1996				
_ `	lace of Business	2a.	Mailing Address					4. FEI Number				ot Applicable
21		26	Cuito Ant # ata		<del></del>			65-0665026				Additional
Suite, Apt. :	#, etc.	<u></u>	Suite, Apt. #, etc					5. Certifcate of Status	Desired			Required
City & State	· · · · · · · · · · · · · · · · · · ·	27	City & State					6. Election Campaign	Financing		\$5.00	May Be
<del></del>	ic.	28	ony a onaio					Trust Fund Contribu	-		-	to Fees
23   Zip	Country	20	Zip		Country			8. This corporation ow		nt year Inta	ngible	
24	25	29	·	30	1			Personal Property 1			∐ Yes	□No
	9. Name and Address of Curr		tered Agent					10. Name and Addres	s of New Re	gistered A	gent	
					81	Name	9					
	iner, Russell M				82	Stree	t Addres	ss (P.O. Box Number is N	lot Acceptab	le)		
	4TH SAN MARINO TERRACE						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>		
MIAN	MI BEACH FL 33139				83							ĺ
					84	City					. 85 Zip	Code
						'			·• · · ·	<u> </u>	711.	4, 2,
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	te of Florid	da Such change v	was authr	nrized hv	the corr	d corpoi poration	ration submits this statem 's board of directors. I he	ent for the pareby accept	urpose of c the appoin	nanging it tment as r	s registered egistered
agent. I a	m familiar with, and accept the obli	igations of	, Section 607.050	5, Florida	Statutes					Inla	4	
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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 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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HALLS THUMAS

305-271-0917

Daytime Phone #