


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90039 006 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000004711

1. Corporation Name
MISTER GREEN CONSTRUCTION, INC.

Principal Place of Business 4377-B WOODSTOCK DRIVE WEST PALM BEACH FL 33409	Mailing Address 4377-B WOODSTOCK DRIVE WEST PALM BEACH FL 33409
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7087 155 th PL. N. Suite, Apt. #, etc. 22		2a. Mailing Address 26 7087 155 th PL. N. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 01/13/1997	
23 PALM BCH. GARDENS FL City & State Zip 24 33418 Country 25 USA		28 PALM BCH. GARDENS FL City & State Zip 29 33418 Country 30 USA		4. FEI Number 65-0722666 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GREEN, DAVID
4377-B WOODSTOCK DRIVE
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
PALM BCH GARDENS FL 33418	

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

David Green
Signature, typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent signature required when reinstating)

DATE
4/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GREEN, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, DAVID	1.2 NAME	
STREET ADDRESS	4377-B WOODSTOCK DRIVE	1.3 STREET ADDRESS	7087 155 th PL. N.
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	PALM BCH. GARDENS FL 33418
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 561-346-3370

CR2E034 (11/98)