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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARÂMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P97000016302 (6) DOCUMENT #

GREENBLATT HOLDINGS, INC.

## **FILED** Jan 16 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 915 NW 72ND ST 915 NW 72ND ST MIAMI FL 33150 MIAMI FL 33150 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1997 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 1710 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Zip Country This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ✓ Yes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GREENBLATT, HAROLD 915 NW 72ND ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33150** 83 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE GREENBLATT, HAROLD 1.2 NAME **CR2E034** NAME 915 NW 72ND ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33150 1.4 CITY - ST - ZIP CITY - ST-ZIP Change Addition DELETE TITLE 2.1 TITLE GREENBLATT, DAVID 2.2 NAME NAME 915 NW 72ND ST 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL 33150 2. 4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change \_\_\_\_ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

305-691-3514