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 # **P97000016302**1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIS NY TENNE .

通信使用 3 年已

TITLE

NAME

GREENBLATT HOLDINGS, INC.

Notified Building and the second of the seco							
Principal Place of Business Mailing Address 915 NW 72ND ST 1710 SEAGRAND WAY MIAMI FL 33150 HOLLYWOOD FL 33019 US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 02/17/1997		
2. Principal F	ncipal Place of Business 2a. Mailing Address 26			4. FEI Number 65-0737625		Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
	City & State City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country Zip C 25 29 30			1	This corporation owes the current yea Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
CÔC		No Committee Com	81	Name			
GREENBLATT, HAROLD				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33150			83 84				
GREEFERT HELDINGS (PA)				City	I	Zip Code	
11. Pursuant office of agent. I a	am familiar with, and accept the ob	igations of, Section 607.0505, Flori	ida Statutes	i. •	oration submits this statement for the purpos on's board of directors. I hereby accept the a		
40	Signature, typed or printed name of registered	· · · · · · · · · · · · · · · · · · ·		nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
12.	D	AND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition	
TITLE					No. 1 Section 1		
NAME	GREENBLATT, HAROLD RESS 915 NW 72ND ST		1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	MANUE 00450						
CITY-ST-ZIP	MIAMI FL 33150		1.4 CITY-S'	T-ZIP		☐ Change ☐ Addition	
TITLE							
NAME	045 4544 70450 07		2.2 NAME				
-STREET ADDRESS	341514 FL 00450			TADDRESS			
CITY-ST-ZIP	MIAMI FL 33130	DELETE	2. 4 CITY-S 3.1 TITLE	ST-ZIP		Change Addition	
NAME A SA	PERMIT AND IN		3.1 TITLE				
STREET ADDRESS	TREET ADDRESS			TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	1	☐ DELETE	4.1 TITLE			Change Addition	
NAME (A. 7339) STREET ADDRESS		the office of the second secon	4. 2 NAME 4.3 STREET	TADORESS			
CITY-ST-ZIP				T- ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME		•		
l			53 STREET	TADORESS			

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

Change

☐ Addition

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90038 038 ***150.00

CR2E034 (11/98)