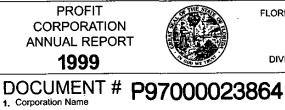
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

GREENSTONE FINANCIAL CORP.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90028 047 ***150.00

Principal Place	e of Business	Mailing Address			
10100 WEST S	AMPLE ROAD	10100 WEST SAMPLE ROAD)		
SUITE 304	10 F1 0700F	SUITE 304		DO NOT WRITE	E IN THIS SPACE
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3 US US				3. Date Incorporated or Qualifed	2 117 1110 01 1102
00	,			03/17/1997	
2 Principal P	lace of Business	2a. Mailing Address		▲ FEI Number	Applied For
332	4 NW 40th Court	· ·	you court	65-0740868	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
2		27		3. Definidate of Status Business	Fee Required
City & Stat		City & State	was EC	6. Election Campaign Financing	\$5.00 May Be
3 Cora		28 Coral Spri	77	Trust Fund Contribution	Added to Fees
¬ Zip ¬ ククへ。	Country	zip 33065 [Country 30 US	8. This corporation owes the curre	nt year Intangible ☐ Yes ☐ No
4 330	9 Name and Address of Current	1	30 (4.5	Personal Property Tax. 10. Name and Address of New Re	
·	9. Name and Address of Current	Kegistered Agent	81 Name	10, 1141110 4114 11411000 01 11611 11	
DW/YER RICHARD IR R					
				ress (P.O. Box Number is Not Acceptable)	
				1 10-0 10 000	, , , , , , , , , , , , , , , , , , , ,
COR	IAL SPRINGS FL 33065				
			84 City	al Sorinas	FI 85 Zip Code
44 Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	s the above-named con	poration submits this statement for the r	purpose of changing its registered
office or r	egistered agent, or both, in the State of	i Florida. Such change was au	ithorized by the corporati	on's board of directors. I hereby accept	the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 60/1.0505, Flor	iga Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PS	☐ DELETE	1.1 TITLE		Change Addition
NAME	DWYER, RICHARD		1.2 NAME	8324 NW 40th Cour	r
STREET ADDRESS	10100 W SAMPLE ROAD		1.3 STREET ADDRESS	Coral springs FL	33065
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	25 2-1 3 pt 10 d2 .	
TITLE	D	☐ DELETE	2.1 TITLE	• 44	Change Addition
NAME	DWYER, VIOLETA R		2.2 NAME	8324 NW 40th W	surt
STREET ADDRESS	ANALOG INCOT CAMPING COAD OF	UITE 304	2.3 STREET ADDRESS	8324 NIO 40th Co coral Springs, FL	33065
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2. 4 CITY-ST-ZIP	Corac Springs	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	j		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	•		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Channa FT Addition
TITLE] ,	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1 .		6.2 NAME		
STREET ADDRESS	I		6.3 STREET ADDRESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS