Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90115 025 ***150.00

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

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

CORPORATION ANNUAL REPORT

1999

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Zip

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Suite, Apt. #, etc.

City & State

Zip

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Country

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DOCUMENT # P970 1. Corporation Name GREYSTONE HOLDING COR						
Principal Place of Business	Mailing Address	4 1881/881 IIA 18/11 (#4) \$6/11 \$6/11 \$6/11 \$6/11 \$1/11 \$1/11 \$1/11 \$1/11 \$1/11 \$1/11 \$1/11 \$1/11 \$1/11 \$1/11				
4770 BISCAYNE BLVD PH-F AT70 BISCAYNE BLVD PH-F MIAMI FL 33137 MIAMI FL 33137		DO NOT WRITE IN THIS SPACE				
		3. Date Incorporated or Qualifed 04/18/1997				
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For				
21	- 26 ·	65-0746091 Not Applicabl				

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

9. Name and Address of Current Registered Agent		[U. Name and Address of New Registered Agent				
	81	Name				
SWARZMAN, MARTIN 4770 BISCAYNE BLVD PH-F	82	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33137	83					
·	84	City 85 Zip Code				

Country

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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	Signature, typed or printed name of registered agent and title if applicable	a /NOTE: Re	egistered Agent signature rec	uired when reinstating)	DATE		
		<u>.</u>	13.		NGES TO OFFICERS AN	D DIRECTOR	RS IN 12
12.	OFFICERS AND DIRECTORS			ADDITIONS/OTIA	TOLO TO OTT TOLITO AT	Change	Addition
TITLE	D .	☐ DELETE	1.1 TITLE			☐ Citatige	
NAME	SWARZMAN, MARTIN		1.2 NAME			•	
STREET ADDRESS	4770 BISCAYNE BLVD PH-F		1.3 STREET ADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS		•	•	**
CITY-ST-ZIP	<u></u>		2.4 CITY-ST-ZIP			<u> </u>	
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			4.3 STREET ADDRESS			•	
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP			<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition Addition
NAME	,		5.2 NAME *			,	
STREET ADDRESS			5.3 STREET ADDRESS			•	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLÉ		☐ DELETE	6.1 TITLE	•	•	☐ Change	☐ Addition
NAME			62 NAME		•		
STREET ADDRESS	• •		6.3 STREET ADDRESS				
	· ` ,		6.4 CITY-ST-ZIP				

SIGNATURE:

^{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.