

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P97000037530 (7)

1. Corporation Name
S. I. GREENE CORP.

Principal Place of Business
7374 CLONIE PLACE
DELRAY BEACH FL 33446

Mailing Address
7374 CLONIE PLACE
DELRAY BEACH FL 33446



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1997	
21 7374 CLONIE PLACE	26 7374 CLONIE PLACE	4. FEI Number 65-0751829		Applied For <input type="checkbox"/> Not Applicable	
22 #13104	27 #13104	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 DELRAY BEACH, FL.	28 DELRAY BEACH, FL.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33446	29 USA	30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREENFIELD, STEPHEN 7374 CLONIE PLACE DELRAY BEACH FL 33446		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY - ST - ZIP	14 CITY - ST - ZIP		
TITLE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY - ST - ZIP	24 CITY - ST - ZIP		
TITLE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY - ST - ZIP	34 CITY - ST - ZIP		
TITLE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY - ST - ZIP	44 CITY - ST - ZIP		
TITLE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY - ST - ZIP	54 CITY - ST - ZIP		
TITLE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY - ST - ZIP	64 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.

SIGNATURE: _____ 1/10/98

CR2E034 (10/97)