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ZUUZ	UNLIPERSM	PASINESS	KEPUKI	IUDK
		<b>BUSINESS</b>		1

	5 1 7 9 -				<u>-</u>		-1. ** * ·			
DOCUMENT # P97000051094						FILED				
1. Entity Name GREEN APPLE INTERNATIONAL ASSETS, INC.						02 OCT 18 AM 8: 43				
						S	FORETARY AS OTA	·		
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
3825 W. HENDERSON 3825 W. HENDERSON 208 208										
TAMPA FL 33629 TAMPA FL 33629						2 IOOTIOBE ITE IONE IOOKI OOKI DEKK OOKII DEKE OOKII OOKEI DITOI ISEN OOKIA IOKI OIGI IORI				
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
		Julie, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City.& Stat		City & State				4. FEI Num	<sup>ber</sup> <b>59-3460444</b>		Applied For Not Applicable	
336 S	Country	Zip	Country	,		5. Certifica	te of Status Desired [	\$8.75 Fee Req	Additional	
<u> </u>	6. Name and Address of Current					7. Name ar	nd Address of New Regis		uncu	
DÉIDED A	2444			Name					,	
REIBER, S	SAM I VIGGS ST., STE. 200			Street A	ddress (P.	O. Box Num	ber is Not Acceptable)			
/TAMPA F	·									
			_	City				FL Zip (	Code	
	named entity submits this statement for	the purpose of changing its	registered	office or	r registered	d agent, or b	ooth, in the State of Florida		vith, and accept	
the obliga	tions of registered agent.	San R	<del></del>	0			4.0	i	^	
SIGNATURE	Signature, typed or brinted name of registered agent a		: Registered A		ure required w	hen reinstating)	10-7	/ <u>ん - の。</u> DATE	2	
9. This corn	oration is eligible to satisfy its Intangible	FILE NOW!	II FFF IS	\$ \$550	00	Ť.				
Tax filing	requirement and elects to do so.	After September 13	, 2002 Fe	e will b	e \$750.00	0 ∮   <sub>7</sub>	Election Campaign Financi rust Fund Contribution.	· · · · ·	5.00 May Be Ided to Fees	
11.	OFFICERS AND I	Make Check Payab	12.	arunen	t or State		S/CHANGES TO OFFICER	RS AND DIRECT	ORS IN 11	
TITLE	VS	Delete	TITLE				T. TREASURE	⊄ 🔲 Char	ge 🔲 Addition	
NAME	BUCHMAN, STEVEN		NAME	ABODEDO	TERO	RY HA	INNAH nberwood	Dr.		
STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33604		CITY-S	ADDRESS [-zip						
TITLE	PT	☐ Delete	TITLE		VICEF	PES 10	L 33625 ENT/SECKETY	1Λγ □ Chan	ge XAddition	
NAME	HANNAH, TERRY		NAME		DAVI	B CA	VALIERE		·	
STREET ADDRESS City-St-Zip	15804 TIMBERWOOD DRIVE TAMPA FL 33625		CITY-S	address r-zip —	7AM		1RBY AVE L 33425			
TITLE	VD	Delete	TITLE		7 / / /	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Chan	ge Addition	
NAME STREET ADDRESS	SHELLENBERGER, BOB	•	NAME	ADDRESS					<i>'</i>	
CITY-ST-ZIP	325A AVERY AVENUE PALM HARBOR FL 34684		CITY-SI							
TITLE	VD	Delete	TITLE					☐ Chan		
NAME	LINSKY, MITCHEL	~	NAME			8	0090842	23955	33	
STREET ADDRESS CITY-ST-ZIP	4723 W. ANITA BLVD. TAMPA FL 33611		CITY-ST	address 1-zip			****750.		750.00	
TITLE	М	Delete	TITLE					☐ Chan		
NAME	DEXTER, KASEY		NAME					,		
STREET ADDRESS CITY-ST-ZIP	641 LEXINGTON STREET DUNEDIN FL 34698		STREET CITY-ST	address ZIP						
TITLE	D ·	☐ Delete	TITLE					☐ Chan	ge 🔲 Addition	
NAME	REIBER, SAM		NAME							
STREET ADDRESS City-St-Zip	601 E. TWIGGS #200   TAMPA FL 33602		STREET .	adoress - ZIP						
13 I hereby a	pertify that the information supplied with on this report or supplemental report is	this filing does not qualify for	the every	ation etat	ed in Sect	ion 119.07(3	3)(i), Florida Statutes. I furth	ner certify that th	ne information	
indicated	on this report or aupolographic reservice								nor or disaster	

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 11 or Block 12 if changed, or on an attachment with arreddress, with all other like empowered.

SIGNATURE / Minuse R

10-16-02 813-314-060