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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000067967 (4)

GREENLEAF ENVIRONMENTAL GROUP, INC.

## **FILED** May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1310 NORTHWEST 19TH STREET 1310 NORTHWEST 19TH STREET HOMESTEAD FL 33030 HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0814725 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30) Personal Property Tax due June 30. X Yes □ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GUADAYOL, EDDIE** 1310 NORTHWEST 19TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030 8.3 84 City 85 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DSPT DELETE ☐ Change TITLE 1.1 TITLE Addition **GUADAYOL, EDDIE** NAME E034 1310 NORTHWEST 19TH STREET STREET ADDRESS 1.3 STREET ADORESS **HOMESTEAD FL 33030** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

14. Thereby 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 13 if changed, or on an attachment with an address.

SIGNATURE: \_

BIGNATURE AND THESE OF PRINTED PLANE OF SKINNING SEFICER OR DIRECTOR AND CALLED STATE OF SKINNING SEFICER OR DIRECTOR OR DIRECTOR