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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

## FILED Feb 19, 1999 8:00 am Secretary of State

	1999 DIVISION OF CORPORATIONS			02-19-1999 90087 015 ***150.00		
DOCU	MENT # pg	70000953	98			
DOCUMENT # P9700095398  1. Corporation Name GADINSKY & GREANER, INC.						
Principal Plac	ce of Business	Mailing	Address			
4100 NW 98TH AVE 4100 NW 98TH AVE						A A CONTEMPORAL STATE
SUNRISE FL 33351 SUNRISE FL 33351						Company of the second of the s
us us .						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed
						11/06/1997
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
21	21 26					65-0794698 Not Applicable
Suite, Apt. #, etc.			uite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22		27				Fee Required
City & Sta	te	— ·	& State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	·	Cour		Trust Fund Contribution Added to Fees
24	25 29 30			_	iuy	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
		s of Current Registered		<u>,                                    </u>		10. Name and Address of New Registered Agent
					81 Name	
LESLIE ROBERT EVANS & ASSOCIATES, P.A.					82 Street A	Address (P.O. Box Number is Not Acceptable)
	SOUTH COUNTY ROA	ND STE. 218			ou cer A	
PALI	M BEACH FL 33480			Ī	83	
					84 City	FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Section egistered agent, or both, im familiar with, and accept	ons 607.0502 and 607.15 in the State of Florida. Su of the obligations of, Sect	08, Florida Statutes, ich change was auth ion 607.0505, Florid	, the ab norized a Statu	ove-named copor by the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE		•	,			\$
	· · · · · · · · · · · · · · · · · · ·	f registered agent and title if applica		egistered A	Agent signature req	quired when reinstating) DATE
12.	OF <b>P</b>	FICERS AND DIRECTO		13.	7.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	GADINSKY, SETH		☐ DELETE	1.1 TITL		☐ Change ☐ Addition
STREET ADDRESS	1048 KANE CONCO	IDGE STE OD		1.2 NAN		
CITY-ST-ZIP	BAY HARBOR FL 33				REET ADDRESS	
TITLE	V	101	☐ DELETE	2.1 TITL	r-ST-ZIP	. Change Addition
NAME	GREANER, IVY			2.2 NAM	i	☐ Grange ☐ Facilion
STREET ADDRESS	1048 KANE CONCOL	URSE STE. 2B		Į.	EET ADDRESS	:
CITY-ST-ZIP	BAY HARBOR FL 33				Y-ST-ZIP	•
TITLE			DELETE	3.1 TITL		Change Addition
NAME				3.2 NAM	1E	
STREET ADDRESS				3.3 STR	EET ADDRESS	
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP	
TITLE			☐ DELETE	4.1 TITL	E	☐ Change ☐ Addition
NAME				4. 2 NAM	ME	
STREET ADDRESS				4.3 STR	EET ADDRESS	
CITY-ST-ZIP			Documen		'-ST-ZIP	
TITLE !			□ DELETE	5.1 TITL	E i	☐ Change ☐ Addition

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 any attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition