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PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P97000100136

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90168 031 ***150.00

1. Corporation THE GRE Principal Place 71 E. INDIANTO JUPITER FL 334	e of Business	Mailing Address 71 E. INDIANTOWN F JUPITER FL 33477	RD.			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						11/21/1997		
2. Principal Place of Business 2a. Mailing Address						/	Applied For Not Applicable	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.).			5 Continue of Status Desired \$8.75	Additional	
27						Fee	Required	
City & State City & State							O May Be d to Fees	
Zip				Country		8. This corporation owes the current year Intangible		
24			30	0		Personal Property Tax. Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
WHITE, CHARLES 71 E. INDIANTOWN RD.				82 Street Address (P.O. Box Number is Not Acceptable)				
JUPITER FL 33477				83				
0011	TER TE GOATT							
				84	City	FL 85 Zi	p Code	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change	was authonzed	וז עם ו	-named co he corpora	rporation submits this statement for the purpose of changing tion's board of directors. I hereby accept the appointment as	its registered registered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if parlicable	(NOTE: Pegistered	Agent	signature requ	ared when reinstating) DATE	-	
12.		ND DIRECTORS	13.	- igon	- Ingription of today	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS IN 12	
TITLE	PTD DELETE		TE 1.1 TIT	1.1 TITLE		Chang	e Addition	
NAME	WHITE, CHARLES		1.2 NA	1.2 NAME				
STREET ADDRESS	The state of the sale sale sales		1.3 ST	1.3 STREET ADDRESS			•	
CITY-ST-ZIP	HOBE SOUND FL 33455			1.4 CITY-ST-ZIP				
TITLÉ	VPD □ DELETE 2.1		TE 2.1 TIT	R.E		Chang	e Addition	
NAME	WHITE, ROMA		2.2 NA	2.2 NAME				
STREET ADDRESS	9095 HARBOR ISLAND WAY			2.3 STREET ADDRESS			l	
CITY-ST-ZIP	HOBE SOUND FL 33455			2. 4 CITY-ST-ZIP		Choose	e Addition	
TITLE	SU =			3.1 TITLE		☐ Chang	e	
NAME	BROCKMANN, FRIEDRICH W		- Y	3.2 NAME			ļ	
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33413			3.4. CITY-ST-ZIP 4.1 TITLE		Chang	e Addition	
TITLE		ال المحدد	4.2 N					
NAME					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP TITLE				4.4 CITY-ST-ZIP 5.1 TITLE		Chang	ge Addition	
NAME			5.2 NA	ME			{	
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP				
TITLE		☐ DELE	TE 6.1 TI	Π.E		☐ Chang	ge	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET	ADDRESS			
CITY-ST-ZIP			6.4 CF	TY-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, with all other like empowered.

SIGNATURE:

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CR2E034 (11/98)