SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State/ DIVISION OF CORPORATIONS

DOCUMENT # P98000046185

GREENE INTERNATIONAL REAL ESTATE INC

Principal Place of Business Mailing Address 6767 N WICKHAM ROAD. SUITE 400 6767 N WICKHAM-ROAD, SUITE 400 MELBOURNE FL 32940 MELBOUBNE FL 32940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/20/1998 2. Principal Place of Business 2a. Mailing Address Applied For ATLANTICHUE 604 N 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing BEACH Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Personal Property. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GREENE, JANICE 82 530 S BREVARD AVE #312 COCOA BEACH FL 32931 83 84 Pursuant to the provisions of sections 60\(^1\)0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, on bott, 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 optigations of section 607.0505. Florida Statutes. MANICE SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signs ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE Treasurer 1.1 TITLE Change Addition 1.2 NAME NAME ARTIN AUR STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE ___ Change ____ Addition TITLE DELETE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change TITLE DELETE ___ Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-Z)P TITLE 6.1 TITLE DELETE L Change NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

FILED Jul 20, 1999 8:00 am **Secretary of State**

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07-20-1999 90005 008 ***550.00 (2/3)CR2E034

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.

6.4 CITY-ST-ZIP

SIGNATURE: