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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State Katherine Harris

02-26-1999 90004 032 ***150.00

DOCUMENT # P98000090360 1. Corporation Name A GREENER VIEW, INC.				
Principal Place	of Business	Mailing Address		- I ISBNIED: UND INDIR I INNI BERNI
6608 EDGEWATER DRIVE 6608 EDGEWATER DRIVE				
ORLANDO FL 32810 ORLANDO FL 32810				
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				10/22/1998
2 Principal Place of Business 2a. Mailing Address			4 FEI Number Annied For	
21 26				59-353918-5 Not Applicable
		Suite, Apt. #, etc.		5. Cortificate of Status Desired Status Desired
27		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes
24	25	<u></u>	30	Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81 Name	10, Hame and Address of New Registered Agent
MADDIC WAITED E				
6608 EDGEWATER DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
ORLANDO FL 32810			83	
			84 City	FL 85 Zip Code
office or re	egistered agent or both in the State o	of Florida. Such change was au	thorized by the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
_	m familiar with, and accept the obligat	ions of, Section 607,0505, Fioni	da Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, KAREN E		1.2 NAME	
STREET ADDRESS	6608 EDGEWATER DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, WALTER E		2.2 NAME	
STREET ADDRESS	6608 EDGEWATER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
TITLE			3.1 MILE 3.2 NAME	
NAME			3.3 STREET ADDRESS	
STREET ADDRESS			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	·
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY+ST-ZIP	

CITY-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.

Daytime Phone #