

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S18381** (1)

1. Corporation Name

IRENE GREENE & ASSOCIATES, INC.



Principal Place of Business

~~7540 NW 5TH STREET
SUITE 2
PLANTATION FL 33317
US~~

Mailing Address

~~7540 NW 5TH STREET
SUITE 2
PLANTATION FL 33317
US~~

3. Date Incorporated or Qualified
12/13/1990

3a. Date of Last Report
04/18/1995

2. Principal Place of Business
21 **7301 NW 4th STREET**

2a. Mailing Address
26 **7301 NW 4th STR**

4. FEI Number
65-0239450

Applied For
Not Applicable

22 Suite, Apt. #, etc.
108 (suite)

27 Suite, Apt. #, etc.
Suite 108

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State
Plantation, FL

28 City & State
Plantation, FL

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip
33317

25 Country
USA

29 Zip
33317

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLIN, MARTIN L.
3000 BISCAYNE BLVD., SUITE 402
MIAMI FL 33137**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

4/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **PD GREENE, IRENE** ☐ DELETE
STREET ADDRESS **7540 NW 5TH STREET**
CITY - ST - ZIP **PLANTATION FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Irene Greene**
1.3 STREET ADDRESS **7301 NW 4th STREET**
1.4 CITY - ST - ZIP **Plantation FL 33317**

TITLE
NAME **GREENE, GARY H** ☒ DELETE
STREET ADDRESS **7540 NW 5TH STREET**
CITY - ST - ZIP **PLANTATION FL**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **Irene Greene**
2.3 STREET ADDRESS **7301 NW 4th STREET**
2.4 CITY - ST - ZIP **Plantation FL 33317**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; that I am 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

4/18/96

954-581-9006

CR2E034 (12/95)