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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S18864

(6)

FILED May 13 1998 8:00am Secretary of State

GREEN CORNER, INC. Principal Place of Business Mailing Address 535 CENTRAL AVE. 535 CENTRAL AVE. ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/17/1990</u> 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3041916 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RAHDERT, GEORGE K. RAHDERT & ANDERSON 82 Street Address (P.O. Box Number is Not Acceptable) 535 CENTRAL AVE. ВЗ ST. PETERSBURG FL 33701 84 City 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 punied name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE RAHDERT, GEORGE K. 1.2 NAME 535 CENTRAL AVE. STREET ADDRESS 1.3 STREET ADDRESS **ST. PETERSBURG FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 31 TITLE Change Addition TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this timing 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 corpus on the receiver in trusted compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chartest or my my my my attachment with an address.

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3/10/34

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