

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 AUG -4 AM 10:08

DOCUMENT # **S65957** (0)

1. Corporation Name

**GREENVALE DEVELOPMENTS, INC.**

Principal Place of Business

8116 N.W. 68TH AVE.  
TAMARAC FL 33321

Mailing Address

8116 N.W. 68TH AVE.  
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/11/1991</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FBI Number <b>65-0320053</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>FONSECA, HORACE A.</b> <b>8116 N.W. 68TH AVE.</b> <b>TAMARAC FL 33321</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		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 the # applicable) (NOTE: Registered Agent signature required when (re)stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONSECA, TONY (HORACE A.)	1.2 NAME	<b>D/P/S/T</b>
STREET ADDRESS	8116 N.W. 68TH AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	1.4 CITY - ST - ZIP	
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARLETT, FONSECA	2.2 NAME	<b>NOT IN OFFICE ANYMORE</b>
STREET ADDRESS	8116 NW 68TH AVE	2.3 STREET ADDRESS	<b>RESIGNED</b>
CITY - ST - ZIP	TAMARAC FL 33321	2.4 CITY - ST - ZIP	
TITLE	SEC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONSECA, TONY (HORACE A.)	3.2 NAME	
STREET ADDRESS	8116 NW 68TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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.

SIGNATURE: *[Signature]* **7/28/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year