SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 JUL 18 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69963** **(4)**

1. Corporation Name
GUARANTEED GREENERY, INC.

Principal Place of Business	Mailing Address
15200 STATE RD 7 DELRAY BEACH FL 33446	15200 STATE RD 7 DELRAY BEACH FL 33446

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1991
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21 1844 NE 26th Ave
Suite, Apt. #, etc. 22
City & State 23 Ft. Lauderdale, Fl
Zip 24 33305 Country 25 USA

2a. Mailing Address
26 1844 NE 26th Ave
Suite, Apt. #, etc. 27
City & State 28 Ft. Lauderdale, Fl
Zip 29 3305 Country 30 USA

4. FEI Number: 65-0272929 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

FORMAN, ROBERT S.
200 E. LAS OLAS
SUITE 1400
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

61 Name: Forman, Robert S.
62 Street Address (P.O. Box Number is Not Acceptable): 2101 West Commercial Blvd
63
64 City: Ft Lauderdale FL 65 Zip Code: 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	BURNS, H. DIANE	1.2 NAME	
STREET ADDRESS	15200 STATE RD 7	1.3 STREET ADDRESS	1844 NE 26th Ave
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33305
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, JEAN P.	2.2 NAME	
STREET ADDRESS	4725 E SUNRISE #208	2.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AR	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, JOHN D.	3.2 NAME	
STREET ADDRESS	4725 E SUNRISE #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AR	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: H. Diane Burns H. DIANE BURNS 7/12/95 305-564-3029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004830 CP