SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S75636** **(8)**

1. Corporation Name
GREENSPAN & GREENSPAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% KIM MARKS, CPA 12550 BISCAYNE BLVD., SUITE 402 N. MIAMI FL 33181	% KIM MARKS, CPA 12550 BISCAYNE BLVD., SUITE 402 N. MIAMI FL 33181

3. Date Incorporated or Qualified: 08/26/1991
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business	2a. Mailing Address
21 % KIM MARKS CPA	26 C/O KIM MARKS CPA
Suite, Apt. #, etc 22 11900 BISCAYNE BLVD #290	Suite, Apt. #, etc 27 11900 BISCAYNE BLVD #290
City & State 23 NORTH MIAMI FL	City & State 28 NORTH MIAMI FL
Zip / Country 24 33181-2726 25 USA	Zip / Country 29 33181-2726 30 USA

FEI Number: 65-0282533 (Applied For / Not Applicable)

Certificate of Status Desired ☐ — $8.75 Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Does this corporation have liability for intangible tax under s. 199.032 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARKS, KIM
12550 BISCAYNE BLVD
SUITE 402
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREENSPAN, ROLAND I. 12550 BISCAYNE BLVD. #402 NORTH MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ R.G. Roland Greenspan 6/17/96 407 750 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)