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FILED

Mar 11 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V36888

(8)

1. Corporation Name

INA GREENBERG ASSOCIATES, INC.

Principal Place of Business

2500 PARKVIEW DRIVE  
#909  
HALLANDALE FL 33009

Mailing Address

9720 PINES BLVD  
#909  
PEMBROKE PINES FL 33024-6228  
US

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 9720 PINES BLVD

27 Suite, Apt. #, etc.

27 City &amp; State

28 PEMBROKE PINES, FL

29 Zip

Country

29 33024-6228

30

4. FEI Number

65-0334501

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

GREENBERG, INA  
2500 PARKVIEW DRIVE  
#909  
HALLANDALE FL 33009

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

Signature typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTS  
NAME GREENBERG, INA  
STREET ADDRESS 2500 PARKVIEW DR. #909  
CITY-ST-ZIP HALLANDALE FL  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
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 HALLANDALE, FL 33009  
☒ Change ☐ Addition2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INA GREENBERG

1/23/97

Date

954-454-8044

Daytime Phone #

CR2E034 (9/96)