

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V57110** (1)

1. Corporation Name

GREER PLAZA, INC.



Principal Place of Business: **1175 N.E. 125TH ST SUITE 102 N. MIAMI FL 33161 US**
Mailing Address: **1175 N.E. 125TH ST. SUITE 102 N. MIAMI FL 33161 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State: **23**
24 Zip: **25** Country: **26**
2a. Mailing Address: **26** Suite, Apt. #, etc.
27 City & State: **28**
29 Zip: **30** Country: **30**

3. Date Incorporated or Qualified: **08/10/1992**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **65-0351566**
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

**GRAYSON, MOISES T.
25 S.E. SECOND AVE.
SUITE 730
MIAMI FL 33131**

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, if it is not applicable

Name, registered agent signature, if not new registration

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DPS	<input type="checkbox"/>
NAME	TATE, STANLEY G.	
STREET ADDRESS	1175 NW 125TH ST., #102	
CITY - ST - ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D, P, S, T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Tate, Stanley G.		
1.3 STREET ADDRESS	1175 NE 125th ST #102		
1.4 CITY - ST - ZIP	NORTH MIAMI, FL 33161		
2.1 TITLE	D, VP, AS, AT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	TATE, JOANNE M.		
2.3 STREET ADDRESS	1175 N.E. 125th ST #102		
2.4 CITY - ST - ZIP	NORTH MIAMI, FL 33161		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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:

Stanley G. Tate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STANLEY G. TATE

4/18/96 (305) 891-1106
DATE DATE OF FILING

CR2E034 (12/95)