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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F94000001135 (2)

1. Corporation Name
ENVIREX INC.



Principal Place of Business
**1901 S PRAIRIE AVENUE
 WAUKESHA WI 53186-7360
 US**

Mailing Address
**PO BOX 1604
 WAUKESHA WI 53187-1604**

3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report 02/12/1996
4. FEI Number 34-1545942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKITT, JOHN W	
STREET ADDRESS	DAWSIN HOUSE, GREAT SANKLEY	
CITY-ST-ZIP	WARRINGTON WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARK, SAMUEL E	
STREET ADDRESS	25 MAIN STREET	
CITY-ST-ZIP	BELLEVILLE NJ	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DEAN J	
STREET ADDRESS	1901 SOUTH PRAIRIE AVENUE	
CITY-ST-ZIP	WAUKESHA WI	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BAUMANN, PETER G	
STREET ADDRESS	1901 S PRAIRIE AVENUE	
CITY-ST-ZIP	WAUKESHA WI	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	DREWEK, KATHERINE M	
STREET ADDRESS	1901 S. PRAIRIE AVE	
CITY-ST-ZIP	WAUKESHA WI	
TITLE	VPCS	<input checked="" type="checkbox"/> DELETE
NAME	KRUEGER, PAUL A	
STREET ADDRESS	1901 S PRAIRIE AVENUE	
CITY-ST-ZIP	WAUKESHA WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Seidel, Andrew D.	
1.3 STREET ADDRESS	40004 COOK ST.	
1.4 CITY-ST-ZIP	Palm Desert, CA 92211	
2.1 TITLE	D, VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Georgino, DAMIAN C.	
2.3 STREET ADDRESS	40004 COOK ST.	
2.4 CITY-ST-ZIP	PALM DESERT, CA 92211	
3.1 TITLE	D, VP, CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Spence, KEVIN L.	
3.3 STREET ADDRESS	40004 COOK ST.	
3.4 CITY-ST-ZIP	PALM DESERT, CA 92211	
4.1 TITLE	VP, C, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dierker, James W.	
4.3 STREET ADDRESS	40004 COOK ST.	
4.4 CITY-ST-ZIP	PALM DESERT, CA 92211	
5.1 TITLE	VP, AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Drewek, Katherine M.	
5.3 STREET ADDRESS	1901 S. Prairie Ave.	
5.4 CITY-ST-ZIP	WAUKESHA, WI 53188	
6.1 TITLE	VP, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hulme, Michael E.	
6.3 STREET ADDRESS	40004 COOK ST.	
6.4 CITY-ST-ZIP	PALM DESERT, CA 92211	

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: *[Handwritten Signature]* DATE: **4/7/97**

CR2E034 (9/96)