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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra S. Mosston
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P94000069982 (4)

**1. Corporation Name
AMERICAN GENESIS ENVIRONMENTAL, INC.**

**Principal Place of Business
4850 DRYDEN RD.
WEST PALM BEACH FL 33415**

**Mailing Address
4850 DRYDEN RD.
WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1994
3a. Date of Last Report
4. FEI Number 65-0564989
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PUNTERVOLD, SALLY
1730 N.W. 118TH AVE.
PEMBROKE PINES FL 33026**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

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 Sally Puntervold, Vice-President **4/10/94**
Signature (Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME PUNTERVOLD, SALLY
STREET ADDRESS 1730 N.W. 118TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33026

TITLE **D**
NAME LYTAL, STEVEN J
STREET ADDRESS 4850 DRYDEN RD.
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE **D**
NAME ARLEDGE, LONNIE D
STREET ADDRESS 2310 ARCADIA DR.
CITY-ST-ZIP MIRAMAR FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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: Steven J. Lytal **STEVEN J. LYTAL** **4/12/95** **(407) 471-0902**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER
PRESIDENT/CEO