FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:57

DOCUMENT # P94000071958 (0)

1. Corporation Name
ENVIROW SCIENCE & TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
1500 CORDOVA ROAD, SUITE 210 FORT LAUDERDALE FL 33316	1500 CORDOVA ROAD, SUITE 210 FORT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1994	3a. Date of Last Report: N/A
4. FEI Number: 65-0525109	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 [X] No	

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

9. Name and Address of Current Registered Agent

MUTH, CATHERINE C
1500 CORDOVA ROAD, SUITE 210
FORT LAUDERDALE FL 33316

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: (Must be typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated) DATE:

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11 TITLE: P/D/C ☐ Change [X] Addition 12 NAME: Catherine Colan Muth 13 STREET ADDRESS: 1500 Cordova Road, Suite 210 14 CITY-ST-ZIP: Fort Lauderdale, FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	21 TITLE: D/S/T ☐ Change [X] Addition 22 NAME: Frances K. LaMonica 23 STREET ADDRESS: 1140 N.E. 204th Street 24 CITY-ST-ZIP: No. Miami Beach, FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	31 TITLE: D/V ☐ Change [X] Addition 32 NAME: Michael F. Bobek 33 STREET ADDRESS: 6040 Seaside Drive 34 CITY-ST-ZIP: New Port Richey, FL 34652
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	41 TITLE: D/V ☐ Change [X] Addition 42 NAME: Marshall S. Miller 43 STREET ADDRESS: 6 Windsor Circle Drive 44 CITY-ST-ZIP: Bluefield, VA 24605
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	51 TITLE: ☐ Change ☐ Addition 52 NAME: 53 STREET ADDRESS: 54 CITY-ST-ZIP:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	61 TITLE: ☐ Change ☐ Addition 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:

14. I declare to certify that the information supplied with this filing is voluntarily furnished and 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: Catherine Colan Muth 3/28/95 (305) 763-5946
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0228000 CP