## FILE NOW: FILING FEE AFTER MAY 1 IS \$550

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mori Secretary of Sta

DIVISION OF CORPO ONS

STATE

1997

DOCUMENT # 429286

(8)

ENVIRONMENTAL DESIGN BUILDERS, INC.

Principal Place of Business 11890 W. BISCAYNE CANAL RD. NORTH MIAMI FLORIDA 33161		Mailing Address 11890 W. BISCAYNE CANA NORTH MIAMI FLORIDA 33				
				3. Date Incorporated or Qualified 06/26/1973	3a. Date of Last Report 07/30/1996	
2. Principal F: 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2538689	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	?	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be	
Zip <b>24</b>	Country 25	Z(p	Country	8. This corporation has liability fo		
=======================================	9. Name and Address of Current	<u> </u>		10. Name and Address of New R		
1189	ER, ALLEN DO W. BISCAYNE CANAL ROAD ITH MIAMI FLORIDA 33161		81 Nar 82 Stre 83	Drian J. Salletta	FL 85 33/6/	
	Signal inc. typed or printed name of registered agent	and the if applicable (NOT)	)	ed corporation submits this statement for the orporation's board of directors. I hereby accompany to the bure required when reinstating)	DATE	
. 12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		
THIE	PVD	☐ DELETE	1,1 TITLE	PVD C. U.S.	Change Addition	
NAME STREET ACORESS	FADER, ALLEN 11890 W. BISCAYNE CANAL		1.2 NAME 1.3 STREET ADDRES	s 11990 W. Bisceyne Cana	red	
CHY-SI-ZIP THUE	NORTH MIAMI FL ST	DELETE	1.4 CITY-ST-ZIP	Worth Miant, PL 331	Change Addition	
NAME	FADER, CAROL	□ ми	2.2 NAME	Take who Everides	Change	
STHEE! ADDRESS	11890 W. BISCAYNE CANAL		2.3 STREET ADDRES	1220 N. 11745 Tempe	<u>:-</u>	
CHY+S' - ZIP	NORTH MIAMI FL		2. 4 CITY-ST-ZIP	North Mama El 331	6.1	
10'16		☐ DELETE	3 1 TITLE	100000000000000000000000000000000000000	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRES	s		
C-FY-ST-7iP	TO THE OWNER OF THE PERSON OF		3 4. CITY+ST-ZIP			
TITLE		☐ DELETE	4.1 THLE		L. Change L. Addition	
NAME			4. 2 NAMÉ	_		
STREET ADDRESS			4.3 STREET ADDRES	S		
City - St - ZiP		DELETE	4.4 CTY-\$T-ZIP 5 1 T LE		☐ Change ☐ Addition	
NAME		ב שנננונ	5111 LE 521 ME		ET CHANGE ET MORIDON	
STREET ADDRESS			5.3 S FEET ADDRES	,		
C(T+ ST-ZiP			5.4 C Y+ST+ZIP	~		
Title		DELETE	6.11 LE		Change Addition	
NAVE			6.2 N MF			
STREET ADDITION			6.3 SHEET ADDRES	s		

**SIGNATURE** 

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and

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 locurate 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 in shanged, or on an attachment with an address.

**FILED** 

May 06 1997 8:00am

Secretary of State