## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 460506

(9)

Mailing Address

ANTI-POLLUTION ASSOCIATES, INC.

FILED								
Jan 27	1997	8:00am						
Secre	etary o	of State						

2401 OVERSEA P O BOX 891 KEY COLONY E		50-2225	P O BOX 891 KEY COLONG B US	EACH FL 330	051			1	···	
							3. Date Incorporated or Qualified 09/01/1974	3a. Date of La 01/29/199		
2. Principal Pl	lace of Busine	<b>S</b> S	2a. Mailing Ado	ress			4. FEI Number		Applied For	
21 26		26			<u>59-1548512</u>		Not Applicable			
		Suite, Apt. #	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional			
22 27						S, Commodic of Status Booked	Fe	e Required		
City & State			<del>}</del>	City & State			6. Election Campaign Financing		.00 May Be	
23	28			0		Trust Fund Contribution		ded to Fees		
Zip	L	Country	<del> </del> η	Zip Country			6. This corporation has liability for intangible tax under s. 199.032,			
24	25   29   30   9. Name and Address of Current Registered Agent			<u> </u>		Florida Statutes Yes No  10. Name and Address of New Registered Agent				
5141		IIO AUUI 668 UI CU	ment pedisteten whent		81	Name	10. Hame and Address of New Kel	Intrology Wagner		
	NS, DON				Ľ	140,710				
	1 BOX 230				82	82 Street Address (P.O. Box Number is Not Acceptable)				
MAH	RATHON FL S	\$3050			83	57500 Morton St.				
					~	1				
					84	City		FL 85	Zip Code	
11. Pursuant I	to the provisio	ris of Sections 607	.0502 and 607, 1508, Flor	ida Statutes.	the abov	l	corporation submits this statement for the pr		na its registered	
office or re	registered ager	nt, or both, in the S	State of Florida, Such cha obligations of, Section 607	nge was aut	horized b	y the corp	poration's board of directors. I hereby accep	t the appointmen	it as registered	
~	irit tarriniai witi	, and accept the c	onigations of, Section 607	.0303, FIOR	ia Statute	ns.	211.0.2 10.	dielan		
SIGNATURE	Srovature typed or	printed name of registers	ed agent and little if applicable	INOTE: P	lea stered Ad	ent signature	required when reinstating)	DATE		
12.			AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	٧			ELETE	1.1 TITLE			Cha		
NAME	EVANS, DA	AVID			1.2 NAME					
STREET ADDRESS	AA IA BADDAIOF BOUT		1.3 STREE	T ADDRESS						
CITY-ST-ZIP	MARATHO	N FL			1.4 CITY+	ST-ZIP		,	Ì	
TITLE	PD			ELETE	2.1 TIYLE			Cha	nge 🔲 Addition	
NAME	EVANS,DON 22N		2.2 NAME							
STREET ADDRESS	RT. 1 BOX 230		23 STREE	T ADDRESS	57500 morton St.					
CITY-ST-ZIP	MADATION FI		2. 4 CHTY	-ST-ZIP						
TITLE				3.1 TITLE			<b>'Y</b> Cha	nge 🔲 Addition		
NAME	EVANS, DENISE 32 N		3.2 NAME							
STREET ADORESS	RT. 1 BOX 230 3.33		3.3 STREE	street address 57500 morton 51						
CITY-ST-ZIP	MARATHO	N FL			3.4. CITY-					
TITLE	☐ DELETE 4.3 TI		4.1 TITLE			☐ Cha	nge 🔲 Addition			
NAME	4.2		4. 2 NAM	Ξ						
STREET ADDRESS	433		4.3 STREE	T ADDRESS						
C-TY - ST - ZIP			4.4 CITY-	ST-ZIP						
TITLE	DELETE 5.1 TH		5.1 TITLE			L_ Cha	nge 🔲 Addition			
NAME	5.2 N		5.2 NAME				]			
STREET ADDRESS	5.3 \$1		5.3 STREE	T ADDRESS						
C(TY - ST - ZIP					5.4 CITY-	ST-ZIP				
TITLE			[] (	ELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	6.2 N		6.2 NAME				)			
STREET ADDRESS	1				6.3 STREE	T ADDRESS				
CITY - ST - ZIP	<u> </u>				6.4 CITY-					
4.4 I do heret	by cartily that t	the information eur	inled with this filing does	not qualify t	or the ev	emption s	stated in Section 119 07/3Vi). Florida Statutos	I further certify	that the	

The majory centry that the information supplied with this limit does not quality for the exemption stated in Section 1.19.07(5)(i), Florida Statutes. 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 compration 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