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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 460506

(9)

ANTI-POLLUTION ASSOCIATES, INC.

|--|--|

FILED

Feb 13 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address

2401 OVERSI P O BOX 89 KEY COLON		P C BOX 891 KEY COLONG BEACH US	FL 33051		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 09/01/1974	SPACE
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-1548512	Not Applicable
Suite, Apt	#, elc	Suile, Apt. #, etc.			-	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat		City & State	,		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the co	
24	25 9. Name and Address of Curr	rent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
EV	ANS, DON		E	1 Name		vAaur
	500 MORTON ST					
	RATHON FL 33050		8	2 Street	Address (P.O. Box Number is Not Acceptable)	
****			ē	3		
			g	4 City		85 Zip Code
				1 1	FL	_
Office or i	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such change wa	is authorized.	by the con	corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap-	of changing its registered pointment as registered
SIGNATURE	·					
	Signature, typed or printed name of registered			gent signature	e required when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
NAME	EVANS, DAVID	☐ vcce, c	1.1 HTE			Change Addition
STREET ADDRESS	8048 PORPOISE DRIVE			E Et address		
CITY-ST-ZIP	MARATHON FL		1.3 SINE			
TITLE	PD	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	EVANS,DON		2.2 NAM			
STREET ADDRESS	57500 MORTON ST		2.3 STRE	LT ADDRESS		
CITY-ST-ZIP	MARATHON FL		2. 4 CITY	- ST - ZIP		
TITLE	ST	DELETE	3.1 7(7) 6			Change Addition
NAME	EVANS, DENISE		3.2 NAM			
STREET ADDRESS	57500 MORTON ST		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	MARATHON FL	T here-	3.4 CITY			
NAME		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
			4.2 NAM			
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS		
TITLE		☐ DELETE	4.4 CITY - 5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE	υ I - ΔΙΙ΄		Change Addition
NAME			6.2 NAME	İ		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY			

14. Thereby 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 logal effect as if made under oath; that I am an officer or director of the corporation of 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 changes, or on an attachment with an address.