## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996			Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # 542871 (9)										
1. Corporatio	on Name I <b>RONMENTAL</b> H	OME RIII DED	•	,						
	IIIOMMENTAL II	ONIL DUILDEN	io, inc.			) 188191 BIINT BIRN	 	<b>:0</b> : 41 <b>0:</b> 01011	Aldii Biair f	Billi Graft Graft star
Principal Place	o of Rusinasa									
	Principal Place of Business Mailing Address							) M	SIRII DIBI: 0	TIMIT MINIT MINIT FANT
SUITE 207 LAKE MAR	3551 W. LAKE MARY BLVD SUITE 207 LAKE MARY FL 32746 US			3551 W. LAKE MARY BLVD STE 207 LAKE MARY FL 32746						
	<del>-</del>		US			3. Date Incorporated or 08/12/1977		of Last F <b>05/01/</b> 1		
2. Principal P.	lace of Business		2a. Mailing Address			4. FEI Number	•	1		Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			59-1795020			<b>ΦΩ 7</b>	Not Applicable  5 Additional
City & State			27			5. Certificate of Status I				Required
23			City & State			<ol><li>Election Campaign F Trust Fund Contribut</li></ol>				<b>00</b> May Be
Zip <b>24</b>	Cou	· · · · · · · · · · · · · · · · · · ·	Ζip		untry	8. This corporation has liability for i		Added to Fees intengible tax under s 199,032		
24	9. Name and Add	dress of Current R	29 egistered Apent	30	, <u>.</u> .	Florida Statutes	Yes	□ No		
			-g-c-s-co Agont		81 Name	10. Name and Address	of New Re	gistered	Agent	
	RAUCH, GARY W.					ddress (P.O. Box Number is No	Accontable	- <del></del>		
3551 W. LAKE MARY BLVD STE 207						Sci Cos (F. C. Dox (Morride) is 140		=)		
	MARY FL 32746				83					
					84 City			FL		ip Code
<ol> <li>Pursuant t or register</li> </ol>	o the provisions of Se	ctions 607.0502 and	1607.1508, Florida Stat	utes, the abo	ove-named corp	poration submits this statement pard of directors. I hereby acceptant	for the purp	ose of cha	noino its r	registered office
	th, and accept the obli	igations of, Section 6	507.0505, Florida Statut	es.	corporation's bo	pard of directors. I hereby accep	ot the appòi	ntment as	registered	l agent. I am
SIGNATURE .	Signature, typed or printed nar	me of registered agent and to	itle if anoticable - r	NOTE: Projetyro	Agent signature requ					
12.		OFFICERS AND DI	RECTORS	13.	r Helicuit segundud redu	ADDITIONS/CHANGE	S TO OFFIC	DATE CERS AND	DIBECTO	ORS IN 12
TITLE NAME	vst Rauch, kare	:N I	☐ DELETE	1. 1 T					Change	Addition
STREET ADDRESS	3551 W. LAKE	: MARY BLVD, 20	7	1.2 N	AME Free! Address					
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NAME				4.2 NA	ŀ	•		L	] Change	Addition
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NAME				5 1 TI 5.2 NA					Change	☐ Addition
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ITLE IAME			☐ DELETE	6. 1 11			• • • • • • • • • • • • • • • • • • • •		Change	Addition
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DITY-ST-7.P		<b></b>		6401	REET ADORESS Y-S1-ZIP					
<ol> <li>I do hereby certify that t</li> </ol>	certify that the information indicate	ation supplied with the	nis filing is voluntarily fundont or supplemental acc	nished and c	loes not qualify	for the exemption stated in Sec ate and that my signature shall is report as required by Chapte	tion 119.07	(3)(k), Florid	da Statute	s. I further
oath; that L	ant an officer or direct	or of the comoration	or the receiver or truste attachment with an add		ed to execute th	ate and that my signature shall is report as required by Chapte	have the sai r 607, Floric	me legal et la Statutes	fect as if r ; and that	made under t my name
	0.		D	U30.						•
SIGNATU	JKE: SIGNATUI	RE AND TYPED OR PRINT	ED NAME OF SIGNING OFFIC	ER OR DIRECT	DR					
			J			Date Date		Dayt	rive France #	