	PLICATION FOR STATEMENT	9	A DEPAP  Kathour  ecreta of  vision of corpo	OF TO	FILED  CO MOY 28 MINO: 14		
4 0-4	UMENT # 5428 ironmental Homel		o, lnc.		ELLE CRY CE STATE ELLE APARTE FLORILA		
100 C	lace of Business Nerry Creek Circle ev Springs, FL 32101	Mailing Add 100 Ch Winter	ress evry Creek Springs,FL	Gvde 32708	era er e la s	ovaterrett 00.00	Q
If above addresses are incorrect in any way, line the  New Principal Office Address, If Applicable  Suite, Apt. #, etc.  City & State		3. New Mail	New Mailing Office Address, if Suite, Apt. #, etc		Applied For Not Applicable  CERTIFICATE OF STATUS DESIRED  Applied FOR STATUS DESIRED  Reflection Control of Status  Service of Service of Status  Service of Status  Service of Se		
Zip Country		Zip	Zrp Counte				
VST PD	T Rauch, Karen L.		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No 100 Cherry Creek Circle 100 Cherry Creek Circle		e vde	4 Chy/Shate/Zip Winter Springs, FL 32708 Winter Springs, FL 32708  DDDD 2900942	
10. I, being Signature o Registered		KCirde ,FL 327 above named corp L	og.	Suite, Apt. #. Etc.	P.O. Box Numbe	Address of New Registered Agent  r is Not Acceptable)  State 2 p Code FL  thon 607,0505, F.S.  Date 5-24-99	CR2E081 (12/98)
	is corporation owes th angible Personal Prop	e current y	ear	Yes	□ No [	(See other side for information on intangible tax.)	

SIGNATURE: JOHN THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-99

(407)366-2815