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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 617561

(6)

ENVIRONMENTAL WORKSHOPS, INC.

Principal Plac	Mailing Address	S				T LEBRU DRIVE HIDE HERE DRIVE BILDE HIDE STOLL BURN DIGH GERT DIGH BIRTH BIRTH					
1855 ANCHOR DELAND FL 33		1855 ANCHOR AVE DELAND FL 32720-2360									
							3. Date Incorporated or Qualified	3a. Dal	e of Last R	leport	
						~~~	04/16/1979	<u> </u>	03/1996		
·	lace of Business	·	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For	
21 Cuita Ant	4	26					59-1980982	Not Applicable \$8.75 Additional			
Suite, Apt.	#, etC.	Suite, Apt. #, etc.	<u> </u>				5. Certificate of Status Desired			Additional equired	
City & State	9	City & State					6 Flootion Compaign Financing	· · · · -			
23			28				6. Election Campaign Financing Trust Fund Contribution	П	<b>\$5.00</b> Added 1		
Zip	Country	Zip					8. This corporation has liability for i	ntangible t			
24	25	29	30				· · · · · · · · · · · · · · · · · · ·		No		
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Re	gistered A	gent		
DUI	IN, CHAS A			81	Nam	е					
202 CONRAD BLDG			f	82	Stree	t Addre	ss (P.O. Box Number is Not Acceptab	le)			
DEL	AND FL 32720				<u></u>	<del></del>					
				83							
			1	84	City			FL	85 Zip	Code	
11 Pureuant	to the provisions of Sections 607 050	12 and 607 1508 Florida Statu	tes the ah	nvo	-namo	d corno	ration submits this statement for the n	. —	chanoina i	e registered	
office or r	egistered agent, or both, in the State	of Florida Such change was	authorized	lby	the co	prporatio	ration submits this statement for the p on's board of directors. I hereby accep	t the appo	intment as	registered	
	m familiar with, and accept the oblig	ations of, Section 607.0505, F	ionaa Stati	JIES	š.						
SIGNATURE	Signature, typed or printed name of registered ag	ent end title if applicable. (NO	1£: Registered	Aga	nt signal	ore required	d when reinstalling)	DATE			
12.	OFFICERS AN	D DIRECTORS	13.	3.			ADDITIONS/CHANGES TO OFFIC				
TITLE	D	· · · · · · · · · · · · · · · · · · ·		.1 TITLE					Change	Addition	
NAME	PITTMAN, SIDNEY E		1.2 NA	ME							
STREET ADDRESS	1855 ANCHOR AVE		1.3 ST	1.3 STREET ADORESS		6				!	
CITY-ST-ZIP	DELAND FL	I DELETE	1.4 CITY-S		1 - ZiP	_				Tair-	
TITLE	8	<del>-</del>		2 1 TITLE				+	Change	Addition	
NAME	PITTMAN, CAROLYN B				2 NAME 23 STREET ADDRESS						
STREET ADDRESS	1855 ANCHOR AVE					5					
CITY-ST-ZIP TITLE	DELAND FL	DELETE	2. 4 Cl 3.1 T(I		ST - ZIP				Change	Addition	
NAME	STOVKA, CAROL T								Ontarigo	L. Addition	
STREET ADDRESS	ie e e				ADDRES:						
CITY-ST-ZIP	DELAND FL		3.4. CITY-S1-ZIP		´						
TITLE	P			TITLE				-	Change	Addition	
NAME	STOVKA, LES		4 2 N/						•	_	
STREET ADDRESS 400 FATIO ROAD		•	4.3 STREET ADDRESS		s						
CITY-ST-ZIP DELAND FL			4.4 CITY-ST-ZIP			1					
TITLE		DELETE 5.13							Change	Addition	
NAME			5.2 NA	MĿ							
STREET ADDRESS			5.3 ST	REE1	ADDRES:	S					
CITY-ST-ZIP	l <u></u>		5.4 CIT	Y-5	1-ZIP	_					
TITLE		DELETE	6.1 10	LE					Change	Addition	
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REET	ADDRES	3					

14. 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 accurate and that my signature shall have the same legal effect as if made under eath; 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 if changed, or on an attachment with an address.

SIGNATURE: 200

CITY-ST-ZIP

Storka

LES STOVK

4/30/9

904 736-6552

**FILED** 

May 15 1997 8:00am

Secretary of State