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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NONPROFIT FLORIDA DEPARTMENT OF STATE **FILED** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Feb 28 1996 8:00 am 1996 之 ə8 ^ç Secretary of State DOCUMENT # COMMUNITY ENVIRONMENTS, INC. Mailing Address Principal Place of Business 3770 U.S. HIGHWAY 27 SOUTH 3770 U.S. HIGHWAY 27 SOUTH SEBRING FL 33870 SEBRING FL 33870 3a. Date of Last Report 3. Date Incorporated or Qualified 03/02/1977 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2100381 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Country Zip Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) EHRLICH, IRA S 3770 US HWY. 27 SO. 83 SEBRING FL 33870 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tide if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Addition DELETE 1 1 TITLE TITLE **CR2E037** 1.2 NAME MONTSDEOCA, GARY NAME 3770 US HWY 27 SOUTH 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP SEBRING FL CITY-ST-ZIP Change ___ Addition DELETE 2.1 TITLE 1016 ٧n 2.2 NAME SANDLER, JACK NAME 3770 US HWY 27 SOUTH 23 STREET ADDRESS STREET ADDRESS SEBRING FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP □ Addition Change DELETE 3.1 TITLE TITLE STD 3 2 NAME EHRLICH, IRA NAME **33 STREET ADDRESS** 3770 US HWY 27 SOUTH STREET ADDRESS 34. CITY-ST-ZIP SEBRING FL CITY - ST - 7(P) Addition DELETE 4.1 TITLE Director TITLE 4. 2 NAME SHOOK, GERALD Audrey Vickers NAME 4.3 STREET ADDRESS Box 431 3770 US HWY 27 SOUTH STREET ADDRESS 33857 SEBRING FL 4 4 CITY - ST - ZIP C11Y - S1 - ZIP Change DELETE 51 TITLE Director THILE Samuel Bronson, Jr. 969 S.E. Lakeview Drive 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS FL__ 33870 54 CITY-ST-ZIP CITY - ST-ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name