

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738240
1. Corporation Name

(1)

COMMUNITY ENVIRONMENTS, INC.

Principal Place of Business

Mailing Address

3770 U.S. HIGHWAY 27 SOUTH
SEBRING FL 33870

3770 U.S. HIGHWAY 27 SOUTH
SEBRING FL 33870

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

g. Name and Address of Current Registered Agent

~~BARBARA A. BURKE~~
~~3770 U.S. HWY 27 SOUTH~~
~~SEBRING FL 33870~~

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

84 City

CT Corporation System

1000 S. Pine Island Rd

Plantation

300002352313
-11/18/97-FL 11-18-97

11. Pursuant to the provisions of Sections 617.002, 617.003, 617.004, 617.005, 617.006, 617.007, 617.008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in accordance with the provisions of the Florida Statutes. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the corporation's obligations under the Florida Statutes.

SIGNATURE *Barbara A. Burke* **BARBARA A. BURKE**
Signature, type name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) SPECIAL ASSISTANT SECRETARY
DATE 11/18/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MONTSDEOCA, GARY
STREET ADDRESS 3770 US HWY 27 SOUTH
CITY-ST-ZIP SEBRING FL

TITLE VD ☐ DELETE

NAME SANDLER, JACK
STREET ADDRESS 3770 US HWY 27 SOUTH
CITY-ST-ZIP SEBRING FL

TITLE STD ☐ DELETE

NAME EHRLICH, IRA
STREET ADDRESS 3770 US HWY 27 SOUTH
CITY-ST-ZIP SEBRING FL

TITLE D ☐ DELETE

NAME VICKERS, AUDREY
STREET ADDRESS P.O. BOX 431 NA
CITY-ST-ZIP LORIDA FL

TITLE D ☐ DELETE

NAME BRONSON, JR. S
STREET ADDRESS 969 SE LAKEVIEW DRIVE
CITY-ST-ZIP SEBRING FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME PD
1.3 STREET ADDRESS SATTERFIELD, JOHN
1.4 CITY-ST-ZIP 10263 Gandy Blvd. #2113
St. Petersburg, FL 33701

2.1 TITLE STD ☐ Change ☐ Addition

2.2 NAME VOGEL, SHELDON
2.3 STREET ADDRESS 60 Muhlenbrink Road
2.4 CITY-ST-ZIP Colts Neck, NJ 07722

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME FISHMAN, LEWIS W.
3.3 STREET ADDRESS 14140 SW 104th Ave
3.4 CITY-ST-ZIP Miami, FL 33176

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME GENTRY, DORIS M.
4.3 STREET ADDRESS 600 W. College Drive
4.4 CITY-ST-ZIP Avon Park, FL 33825

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME KAPILA, SONEET
5.3 STREET ADDRESS 3078 Old Still Lane
5.4 CITY-ST-ZIP Weston, FL 33331

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REINSTATEMENT

97

SL 11-18-97

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

CR2E037 (4/97)