NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 766202 1. Corporation Name

FLORIDA ENVIRONMENTAL INSTITUTE, INC.

Principal Place of Busin
122 RANCH ROAD
P.O. BOX 406
VENUS FL 33960-0406

2. Principal Place of Business

Mailing Address

122 RANCH ROAD P.O. BOX 406

VENUS FL 33960-0406

2a. Mailing Address

FILED Mar 22, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

12/20/1982

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Suite, Apt	. #, etc.	Associated Mari	nc III	sut	utes		El Number			Ap	olied For
22		5915 Benjamin C	Cente	r D	rive	!	59-2218777			No	Applicable
City & Sta	nte	City Tainpa. FL	3363	14		5. (Certifcate of Status D	esired		\$8.75 A	
23		20				 _					
Zip	Country	Zip	Country	1)	7	1	Election Campaign Fi	-		\$5.00	
24	25	29 30	<u> </u>	<u>.V</u>			Frust Fund Contributi			Added to	rees
	9. Name and Address of Current	Registered Agent	- 04	No.		10.	Name and Address	or New K	egisterea .	Agent	
			81	Nam	l e						
HULL, DAVID J				Stre	et Addre	ss (P.0	O. Box Number is No	t Acceptal	ble)		
227 SOUTH CALHOUN				<u> </u>					<u> </u>		
	SSEE FL 32302		83	ĺ							
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			4	City					FL	. ** **	•
11. Pursuan	t to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, t	the above	e-nam	ed corpo	ration	submits this stateme	nt for the p	ourpose of	changing its	registered
office or	registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was autho	orized by	the co	rporation	n's boa	ard of directors. I here	eby accept	t the appoi	ntment as req	gisterea
agent. I	am ramıllar with, and accept the obligati	ons or, section or r.osos, Florida	Clainics	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if apolicable. (NOTE: Reg	istered Agen	nt sionatu	re required	when rei	nstating)		DATE		
12.	OFFICERS AND		13.				DDITIONS/CHANGE	S TO OFF	ICERS AN	ID DIRECTO	RS IN 12
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NAME	AREDMAN, ROBERT M	_	1.2 NAME								
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NAME	GLADSTON WILLIAM E HON		2.2 NAME								
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NAME	GULKIS, NORMAN		3.2 N	N.	_ /	ı	_ 8	I	!		
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NAME	HOLDEN, WILLIE C REV	\ !	4. 2 NAME		ĺ						
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NAME	MITCHELL, DAVID B HON		5.2 NAME		1						
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CITY-ST-ZIP	BALTIMORE MD 21202		5.4 CITY-S	T-ZIP	ĺ						
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NAME	MYERS, WILLIAM R		6.2 NAME								
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CITY-ST-ZIP	CORAL GABLES FL 33146 certify that the information supplied with	this filing done not qualify for			ted in C	oction	119 07(3)(i) Florida	Statutes I	further cer	tify that the in	oformation
indicated	of on this annual report or supplemental or director of the corporation or the received or Block 13 if changed, or on an attach	annual report is true and accurate	e and that oute this o	tmys enorta	ignature as requiri	snall r	iave ine same legal t	HIECT AS II	made und	ei Dain, inaci	i aiji aii

SIGNATURE:

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