

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F42265** (1)  
1. Corporation Name  
**ENVIROSCAPES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4422 SW 74 AVE  
P.O. BOX 160703  
MIAMI FL 33116-7703**  
Mailing Address: **4422 SW 74 AVE  
P.O. BOX 160703  
MIAMI FL 33116-7703**

3. Date Incorporated or Qualified: **08/27/1981** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0170725** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contributions:  \$5.00 May Be Added to Fees  
B. This corporation has liability for intangible tax under S. 190.032, Florida Statutes.  Yes  No

2. Principal Place of Business: 21, 22, 23, 24, 25, 26, 27, 28, 29, 30  
21. State: Apt # etc. 22. City & State  
23. City & State  
24. City & State  
25. City & State  
26. State: Apt # etc. 27. City & State  
28. City & State  
29. City & State  
30. City & State

9. Name and Address of Current Registered Agent  
**MARTIN, MARK, DREW  
4422 SW 74 AVE  
MIAMI FL 33155**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, 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 hereby withdrawing any objections to Section 607.0902, Florida Statutes.

SIGNATURE: *Mark Martin* 4/25/95  
I, the undersigned, being duly qualified and sworn, do hereby certify that the foregoing is a true and correct copy of the original as filed with me.

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
1	PD MARTIN, MARK DREW	4422 SW 74 AVE	MIAMI	FL	
2	STD SIRGANY, ROSALEE J.	4422 SW 74 AVE	MIAMI	FL	
3					
4					
5					
6					
7					
8					
9					
10					

13. ADDITIONAL OFFICERS, DIRECTORS AND DIRECTOR EMERITI

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
11						<input type="checkbox"/>	<input type="checkbox"/>
12						<input type="checkbox"/>	<input type="checkbox"/>
13						<input type="checkbox"/>	<input type="checkbox"/>
14						<input type="checkbox"/>	<input type="checkbox"/>
15						<input type="checkbox"/>	<input type="checkbox"/>
16						<input type="checkbox"/>	<input type="checkbox"/>
17						<input type="checkbox"/>	<input type="checkbox"/>
18						<input type="checkbox"/>	<input type="checkbox"/>
19						<input type="checkbox"/>	<input type="checkbox"/>
20						<input type="checkbox"/>	<input type="checkbox"/>

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and is not guilty for the incorporation stated in Sections 607.0902, Florida Statutes. I further certify that the information reported on this annual report or registration report is true and accurate and that my signature shall have the same legal effect as that of a duly sworn and qualified officer of this corporation or that the officer or director represented by me on this report is required by Chapter 409, Florida Statutes, and that my name appears on Block A, on Block A of, Block C or on any other form with an address.

SIGNATURE: *Mark Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (305) 279-9914