

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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: **05/01/1995**  
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 Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 12681 S. DIXIE HWY, 22 P.O. BOX 160703, 23 MIAMI FL, 24 33156, 25 USA**  
2a. Mailing Address: **26 12681 S. DIXIE HWY, 27 P.O. BOX 160703, 28 MIAMI, FL, 29 33156, 30 USA**

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): **12681 S. DIXIE HWY**  
83 \_\_\_\_\_  
84 City: **MIAMI** FL 85 Zip Code: **33156**

11. Pursuant to the provisions of Sections 607.0502 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Date: \_\_\_\_\_)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARTIN, MARK DREW	
STREET ADDRESS	4422 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SIRGANY, ROSALEE J.	
STREET ADDRESS	4422 SW 74 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<b>VAN MARTIN</b>
7. STREET ADDRESS	<b>12681 S. DIXIE HWY</b>
8. CITY-ST-ZIP	<b>MIAMI, FL, 33156</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 supplement 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARK DREW MARTIN 4.30.96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)