

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F88905 (7)

1. Corporation Name

AMERICAN CONSERVATION ENTERPRISES, INC.



Principal Place of Business

7985 NW 174TH ST
MIAMI FL 33015
US

Mailing Address

7985 NW 174TH ST
MIAMI FL 33015
US

3. Date Incorporated or Qualified
06/30/1982

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2204651

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

2a. Mailing Address

21 7985 NW 174 St,
Suite, Apt. #, etc.

26 7985 NW 174 St,
Suite, Apt. #, etc.

22 Miami, Fla 33015
City & State

27 Miami, Fla, 33015
City & State

23 33015
Zip

25 Dade
County

28 33015
Zip

30 Dade
County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAVIN, MARK
1031 N MIAMI BEACH BLVD
N MIAMI BEACH FL 33013

81 Name

Same Agent

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHITE, ALLAN	
STREET ADDRESS	7985 NW 174TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WHITE, BETTY	
STREET ADDRESS	7985 NW 174TH STREET	
CITY-ST-ZIP	HIALEAH 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

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allan White	
1.3 STREET ADDRESS	7985 NW, 174 st	same
1.4 CITY-ST-ZIP	Miami fl 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VST	
2.2 NAME	Betty White	Same
2.3 STREET ADDRESS	7985 NW 174 St	
2.4 CITY-ST-ZIP	Miami FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

1/17/96

SIGNATURE: Allan White

Allan White P

305-8221822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)