## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F88905 (7)AMERICAN CONSERVATION ENTERPRISES, INC.

7985 NW. 174 ST. MIAMI FL. 33015-16

**FILED** Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				I FRANCISM (INC. LOUGE LOUGE COLOR C		loff 0/8/1 #001	
7985 NW 174TH ST 7985 NW 174TH ST							
MIAMI FL 330		MIAMI FL 33015-16					
US		U\$	US		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified			
0.0	10			·	06/30/1982	.,	
2. Principal Place of Business 2a. Mailing Address 21 7985 NW 174 St 26 7985 NW 1					4. FEI Number		Applied For
		26/7985 NW 17	267985 NW 174 St,		59-2204651		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	Additional	
City & State		City & State				Required	
Mines Di nonce de			-		6. Election Campaign Financing		
Zio	Country	28Miami Fl,	33015 <u>–</u> Countr	16	Trust Fund Contribution		t to Fees
24 33015		<b>⊢</b>	<b>⊢</b>	•	8. This corporation owes or has paid the cu		
24 33013	23 2440	29B3015-16	<sup>30</sup> Dade	<u> </u>	Personal Property Tax due June 30.  10. Name and Address of New Registered		∐ No
SLAVIN, MARK					ame as Before		
1031 N MIAMI BEACH BLVD				Street Addre	ess (P.O. Box Number Is Not Acceptable)		
NI	MAIMI BEAHC FL 33013						
ļ			83	1			
ļ			84	City		<b>85</b> Zip	Code
				1	FL	,	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statt	ites, the abov	e-named corpo	oration submits this statement for the purpose of on's board of directors, I hereby accept the app	changing	its registered
agent. La	egistered agent, or both, in the State of m familiar with, and accept the oblica	of Florida, Such change was tions of, Section 607.0505. F	autnorized b Torida Statute	y tne corporations.	on's board of directors, I hereby accept the app	ointment a	s registered
				<del></del> -			•
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Ag	ent signature require	d when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS ÎN 12
TITLE	P	DELETE	1.1 TITLE			☐ Change	Addition
NAME	WHITE, ALLAN		1.2 NAME		No Changes		
STREET ADDRESS	7985 NW 174 ST		1.3 STREE	T ADDRESS			
C:TY-ST-ZIP	MIAMI FL		1.4 CITY-				
TITLE	VST DELETE		2,1 TITLE			Change	Addition
NAME	WHITE, BETTY		2.2 NAME				_
STREET ADDRESS	7985 NW 174 ST			T ADDRESS			
CITY-ST-ZIP	MIAMI FL			<b>I</b>			
TITLE	DELETE		2.4 CITY- 3.1 TITLE	SI-ZIP		Change	Addition
NAME .			3.1 MAME	1		onange	Addition
				1			i
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-	51-ZIP		Change	Addition
1		רו מברבוב	4.1 TITLE	. [		change	
NAME			4. 2 NAME				i
STREET ADDRESS			- 8	T ADDRESS			
CITY-ST-ZIP			4.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	[		Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY - 5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	1			
	ertify that the information supplied wit	this filing does not qualify			Section 119.07(3)(i), Florida Statutes. I further ce	rtify that th	e information