

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

1999

Annual Report

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 01, 1999 8:00am  
Secretary of State

02-01-1999 90031 048 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 700903

1. Corporation Name  
AMERICAN CONSERVATION ENTERPRISES, INC.

Principal Place of Business

7985 NW 174TH ST  
MIAMI FL 33015-16  
US

Mailing Address

7985 NW 174TH ST  
MIAMI FL 33015-16  
US

2. Principal Place of Business

21 7985 NW 174 St

Suite, Apt. #, etc.

22 Den  
City & State

23 Miami FL

Zip Country

24 33015 3016 25 Dade

2a. Mailing Address

26 7985 nw 174 st

Suite, Apt. #, etc.

27 Den  
City & State

28 Miami FL

Zip Country

29 33015 3016 30 Dade

3. Date Incorporated or Qualified

06/30/1982

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Same

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  
NAME WHITE, ALLAN  
STREET ADDRESS 7985 NW 174 ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE VST  
NAME WHITE, BETTY  
STREET ADDRESS 7985 NW 174 ST  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *William White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 1999

Date

Daytime Phone #

CR2E034 (11/98)