FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:59

DOCUMENT # F93000001126 (2)

1. Corporation Name
CUSTOM ENVIRONMENT, INC.

Principal Place of Business
~~1181 SOUTH ROGERS CIRCLE~~
~~SUITE 15~~
~~BOCA RATON FL 33487~~

Mailing Address
~~1181 SOUTH ROGERS CIRCLE~~
~~SUITE 15~~
~~BOCA RATON FL 33487~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1499 SW 30th Ave	2a. Mailing Address: 1499 SW 30th Ave.
Suite, Apt. #, etc: #29	Suite, Apt. #, etc: #29
City & State: Boynton Bch Fl	City & State: Boynton Bch Fl
Zip: 33426 Country: USA	Zip: 33426 Country: USA

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0377401 — 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

9. Name and Address of Current Registered Agent
KNELSON, MICHAEL
1181 S. ROGERS CIRCLE #15
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
Name: KNELSON GARY
Street Address (P.O. Box Number is Not Acceptable): 2818 CAMBRIDGE ROAD
City: LANTANA FL Zip Code: 33462

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] DATE 3/30/95

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	~~DCVP~~
NAME	~~KNELSON, MICHAEL~~
STREET ADDRESS	~~1101 11TH LANE~~
CITY ST ZIP	~~LAKE WORTH FL 33463~~
TITLE	DCP
NAME	KNELSON GARY
STREET ADDRESS	2818 CAMBRIDGE RD.
CITY ST ZIP	LANTANA, FL. 33462
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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	Romz. linley	

REMITTED BY MAY 1

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.

SIGNATURE: X [signature] 3/30/95 (407) 241-8840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270960 CP