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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300001126 (2)

CUSTOM ENVIRONMENT, INC.

appears in Block 12 or Block 13 if

Principal Plac	e of Business	Mailing Address					FMB(1) ANDINE IIM	MI HIMIR IRMH	8 Bill (88)
1499 SW 30TH	I AVE	1499 SW 30TH AVE							
#29	THIC	#29							
BOYNTON BO	H FL 33426	BOYNTON BCH FL 3342	6- 90 61						
บร		US				 Date Incorporated or Qualified 03/02/1993 	3a. Date 03/15	of Last Ro /1996	eport
—	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0377401			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$ 8.75 / Fee Re		
City & State		City & State		, , , , , , , , , , , , , , , , , , , ,	6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t	
Z _i p	Country	Zip	—	ountry		8. This corporation has liability for i			199.032,
24	25	29	30	,			Yes 🔲 I		
	9. Name and Address of Curre	nt Registered Agent			·	10. Name and Address of New Re	gistered Age	ent	
	ELSON, GARY			81	Name				
281	8 CAMBRIDGE RD			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
LAN	ITANA FL 33462								
				83					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the	above	named corpo	oration submits this statement for the poon's board of directors. I hereby accep	urpose of ch	anging it	s registered
agent. La	egistered agent, or both, in the state im familiar with, and accept the oblig	ations of, Section 607.0505, F	authoriz Iorida Si	zea by Itatutes	the corporation.	on s board of directors. I hereby accep	it the appoin	ilment as	registered
SIGNATURE		, · · · · · · · · · · · · · · · · · · ·							
SIGNATORE	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE: Registe	ered Age	n signature require	d when re-instating)	DATE		
	OFFICEOS AN	(T			·, · · · · · · · · · · · · · · · · · ·			OFATAR	A
12.		ID DIRECTORS	13	3	.,	ADDITIONS/CHANGES TO OFFIC			S IN 12
12.	DCP	DELETE		3. 1 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	S IN 12 Addition
	DCP KNELSON, GARY		1.1			ADDITIONS/CHANGES TO OFFIC			
TITLE	DCP KNELSON, GARY 2818 CAMBRIDGE RD		1.1 1.2	1 TITLE 2 NAME	ADDRESS	ADDITIONS/CHANGES TO OFFIC			
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TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME	DCP KNELSON, GARY 2818 CAMBRIDGE RD	☐ DELETE	1.1 1.2 1.3 1.4 2.1 2.2 2.3	1 TITLE 2 NAME 3 STREET 4 CITY - ST 1 TITLE 2 NAME	T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFIC		Change	☐ Addition
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14. I do 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 received purtuates empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: X Jay South GARY KNELSON &

GARY KNELSON 2/10/17 (561) 135-0202

FILED

Feb 17 1997 8:00am

Secretary of State