

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000003913 (1)

1. Corporation Name
ENVIROWORKS, INC.



Principal Place of Business: **3000 WEST ORANGE AVE. APOPKA FL 32703 US**
Mailing Address: **3000 WEST ORANGE AVE. APOPKA FL 32703 US**

3. Date Incorporated or Qualified: **08/27/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3197413**
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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MORLEY, JAMES
C/O GALE GROUP INC.
3000 WEST ORANGE AVENUE
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 or director (applicable)

Signature, typed or printed name of registered agent (required when registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLOUCHEVITCH, MICHEL	
STREET ADDRESS	300 SOUTH GRAND AVENUE	
CITY - ST - ZIP	LOS ANGELES CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOONAN, MARK	
STREET ADDRESS	1 POST OFFICE SQUARE	
CITY - ST - ZIP	BOSTON MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BIAFORE, JOSEPH E.	
STREET ADDRESS	3000 WEST ORANGE AVENUE	
CITY - ST - ZIP	APOPKA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MORLEY, JAMES	
STREET ADDRESS	3000 WEST ORANGE AVENUE	
CITY - ST - ZIP	APOPKA FL	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	TAGLIA, R. VICTOR	
STREET ADDRESS	3000 WEST ORANGE AVENUE	
CITY - ST - ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BASSOCK, STEPHEN A.	
STREET ADDRESS	575 LEXINGTON AVENUE	
CITY - ST - ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Susan Kiley	
1.3 STREET ADDRESS	3000 W. Orange Ave.	
1.4 CITY - ST - ZIP	APOPKA, FL 32703	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gregory Makowski	
2.3 STREET ADDRESS	3000 W. Orange Ave	
2.4 CITY - ST - ZIP	APOPKA, FL 32703	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. Kent Heltn	
3.3 STREET ADDRESS	3000 W. Orange Ave.	
3.4 CITY - ST - ZIP	APOPKA, FL 32703	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James E. Vaughn	
4.3 STREET ADDRESS	3000 W. Orange Ave	
4.4 CITY - ST - ZIP	APOPKA, FL 32703	
5.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kevin Donaghy	
5.3 STREET ADDRESS	3000 W. Orange Ave.	
5.4 CITY - ST - ZIP	APOPKA, FL 32703	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	100001823551	
6.4 CITY - ST - ZIP	-05/15/96--01141--017	
	***400.00	

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, on an attachment with an address:

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 407-889-5533

CR2E034 (12/95)