

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

FILED

**Jun 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32703-3347 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3197413	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORLEY, JAMES C/O GALE GROUP INC- 3000 WEST ORANGE AVENUE APOPKA FL 32703		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	40 Enviroworks Inc.
		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: *R. VICTORIA TAGLIA, VP* DATE: **5/29/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOUCHEVITCH, MICHEL	1.2 NAME	
STREET ADDRESS	300 SOUTH GRAND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAGHY, KEVIN	2.2 NAME	
STREET ADDRESS	3000 WEST ORANGE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIAFORE, JOSEPH E.	3.2 NAME	
STREET ADDRESS	3000 WEST ORANGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLEY, JAMES	4.2 NAME	
STREET ADDRESS	3000 WEST ORANGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGLIA, R. VICTOR	5.2 NAME	
STREET ADDRESS	3000 WEST ORANGE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, SUSAN	6.2 NAME	
STREET ADDRESS	3000 WEST ORANGE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	6.4 CITY-ST-ZIP	

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 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: *R. VICTORIA TAGLIA, VP* DATE: **5/29/97**

CR2E034 (9/96)

407-889-5533