

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 # F95000004241 (4)

1. Corporation Name

U.S. ENVIROSYSTEMS, INC.



Principal Place of Business

Mailing Address

~~515 N. FLAGLER DR., #202~~  
~~777 S. FLAGLER DR., #800 W.~~  
WEST PALM BEACH FL 33401

~~515 N. FLAGLER DR., #202~~  
~~777 S. FLAGLER DR., #800 W.~~  
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 ~~515 N. FLAGLER DR.~~

Suite, Apt. #, etc.

22 #202

City & State

23 (SAME)

Zip

24 (SAME)

Country

2a. Mailing Address

26 ~~515 N. FLAGLER DR.~~

Suite, Apt. #, etc.

27 #202

City & State

28 (SAME)

Zip

29 (SAME)

Country

30

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

4. FEI Number

52-1216347

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

NELSON, RICHARD H

~~777 S. FLAGLER DR., #800 W.~~  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

(SAME)

82 Street Address (P.O. Box Number is Not Acceptable)

515 NO. FLAGLER DRIVE #202

83

84 City

(SAME)

FL

85

Zip Code  
(SAME)

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 must be in ink when filed electronically)

DATE

3/21/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME NELSON, RICHARD H  
STREET ADDRESS ~~777 S. FLAGLER DR., #800 W.~~  
CITY - ST - ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE

SDC  
NAME ROSEN, THEODORE  
STREET ADDRESS 55 E. 87TH ST.  
CITY - ST - ZIP NEW YORK NY 10028

TITLE ☐ DELETE

T  
NAME BEDER, SEYMOUR  
STREET ADDRESS ~~6 PETON CORPORATE RD.~~  
CITY - ST - ZIP NEW YORK NY 10010

TITLE ☐ DELETE

D  
NAME MOODY, RONALD  
STREET ADDRESS 6451 N. THIMBLE PATH  
CITY - ST - ZIP TUCSON AZ 85715

TITLE ☐ DELETE

D  
NAME KNOLL, FRED  
STREET ADDRESS ~~245 PARK AVE.~~  
CITY - ST - ZIP NEW YORK NY 10067

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

P/D

1.3 STREET ADDRESS

515 NO. FLAGLER DRIVE, #202

1.4 CITY - ST - ZIP

C/D

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

S/T

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

515 NO. FLAGLER DRIVE, #202  
WEST PALM BEACH, FL 33401

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

375 PARK AVENUE #1407  
NEW YORK, NY 10152

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

D  
EVAN EVANS  
331 OLD TOLL ROAD  
MADISON, CT 06443

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEYMOUR S. BEDER

DATE

1/30/96

Daytime Phone

407.820-9779

CR2E034 (12/95)