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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H77083 **DOCUMENT #**

(4)

1. Corporation Name ENVIRONMENTAL EQUIPMENT, INC. Principal Place of Business 1853 OAKVIEW DRIVE. SARASOTA FL 34232 1853 OAKVIEW DRIVE. SARASOTA FL 34232								
					3. Date Incorporated or Qualified 09/18/1985		of Last Re 5/01/19	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number			Applied For
l∐ Suite, Apt.#	i etc	Suite, Apt. #, etc	·		59-2742525		+	Not Applicable Additional
2	, otto	27	.		5. Certificate of Status Desired			Required
City & State		City & State			6. Election Campaign Financing		\$5.00	0 May Be
3		28	····		Trust Fund Contribution			d to Fees
Ζφ آم	Country 25	Ζ _Ρ ρ 29	30	ntry	8. This corporation has liability for Florida Statutes Yes	intangible ta No	ix under s	199.032,
4	9. Name and Address of Curr		[30]		10. Name and Address of New F		Agent	
	a dille di cara di sama de en arte delle en		·· ··	81 Name			- 7 -	
WEINER, NEVIN A.				82 Street Addr	ress (P.O. Box Number is Not Acceptab	ole)		
	ASHINGTON BLVD			83				
#1 CADACOTA EL 22577				63				
SARASOTA FL 33577				84 City FL 85 Zip Ci			o Code	
SIGNATURE _	Stylicature, typical or printed harrie of registerical ag-							
12.	OFFICERS A	ND DIRECTORS	13.	Agent squature require	ovterrestably ADDITIONS/CHANGES TO OFF			
12. 101.F	OFFICERS A		13.	ILE		ICERS AND	DIRECTO Change	FRS IN 12
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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 eath; 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 op an attachment with an address.

LALL CE NAME OF SIGNING OFFICER OR DIRECTOR