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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J51676

FLORIDA ENVIRONMENTS PUBLISHING, INC.

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90137 030 \*\*\*150.00



Principal Plac	e of Business	Mailing Address			I (Maitéa Miña Atáb) ()Mt P Atén sa	11 <b>8 d</b> ili <b>nidii a</b> 1913	91611 G1811 G	/ISII 91811 1991
4010-F NEWBERRY RD GAINESVILLE FL 32607 GAINESVILLE FL 32607 GAINESVILLE FL 32607								
US US					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
•					01/07/1987			
Principal Place of Business     2a. Mailing Address				(d-1)	4. FEI Number		<del></del>	plied For
212709 NW 14319 St 26 2709 NW			1-13	<u>5' '\ 51' </u>	59-2745540			t Applicable
Suite, Apt. 22 (حتر ۱۷		Suite, Apt, #, etc	lle	J,FL	5. Certifcate of Status Desired		\$8,75 A Fee Re	I
Čity & Stat	32606	City & State	,	32606	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	- 1
Zip	Country	Zip	Count	us	8. This corporation owes the curr	· <u>-</u>		□No
24	25  45	29 30	<u> </u>	<u> </u>	Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		31 Name	10. Name and Address of New F	registered Age	<u> </u>	
NEW	VPORT, DAVID B.			Naille				
2709 NW 143RD ST				Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
GAINESVILLE FL 32606				13				
₩ iii	TEO NEEL 1 E OEGO		١	23				
			8	34 City		FL	35 Zip C	Code
					the state of the s			rogistored
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligati	of Florida. Such change was auth	orized t	by the corporation	on's board of directors. I hereby accep	ot the appointm	ent as reg	gistered
SIGNATURE						_*		[
	Signature, typed or printed name of registered agent			gent signature required	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE	NECTO	DS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	VD	רו מלוביני				L	, oge	
NAME	NEWPORT, NANCY L		1.2 NAM					
STREET ADDRESS			i	EET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32606	☐ DELETE		-ST-ZIP			Change	Addition
TITLE	PD		2.1 TITL	ĺ		_	,	
NAME	NEWPORT, DAVID B		2.2 NAM					Í
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP	GAINESVILLE FL 32606	□ DELETE	2. 4 CITY 3.1 TITLE				Change	Addition
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STREET ADDRESS			5.4 CITY					]
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE				] Change	☐ Addition
NAME		_ =	62 NAMI	E		_	-	
STREET ADDRESS				ET ADDRESS				{
CITY-ST-ZIP			6.4 CITY					

14. I 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, with all other like empowered.

SIGNATURE: