03-16-1999 90005 035 ***150.00

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

i. Corporation	MENT # J80446 ENVIRONMENTS, INC.									
Principal Place	of Business	Mailing Address					a idditta dint Lusti abitt aser	B1848 E111 84814 1	#1841 BIBIT 81811 BI	011 21511 1001
•		390 SE 6 TERRAC	F							
390 SE 6 TERRACE 390 SE 6 TERRACE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060									0.004.00	
						_		RITE IN THIS	SPACE	
							 Date Incorporated or Qualife 06/23/1987 			
2. Principal Pla	ace of Business	2a. Mailing Addr	ess				4. FEI Number			ptied For
21		26					<u>59-2818397</u>			t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #,	etc.				5. Certifcate of Status Desired		\$8.75 A	
22		27								 -
City & State	•	City & State				İ	Election Campaign Financin Trust Fund Contribution	^g -□	\$5.00 h Added to	
23		28 7in		Country						71.003
Zip ──┐	Country	Zip		Country			This corporation owes the corporation owes the corporation owes the corporation.	arrent year in		□No
24	9. Name and Address of Curren	1 Projectored Agent	30	1	_		0. Name and Address of Nev	v Registered		
	s. Maine and Address of Curren	t registered Agent		81	Name					
CRES	SPO, LUCY PA									
7061-W-COMMERCIAL-BLVD				82	Street Ad	Address ヘクノ	(P.O. Box Number is Not Acce	ptable)		
-#5 8-				83		10	10.10.137 31			-
TAM	ARAG FL 33319									
				84	City	411	DERHILL	Fi	L 85 Zip C	7/9
11 Dureuant i	to the provisions of Sections 607.050	2 and 607 1508 Flori	da Statutes 1	he abov	o namod co	ornoral	tion cubmits this statement for t	he nurnose o	of changing its	registered
office or re	agistered agent or both in the State :	ot Fiorica. Such chan	de was autho	rizea bv	the corpora	ration's	board of directors. I hereby acc	cept the appo	ointment as reç	gistered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.1	Joud, Fiorida	Statutes	i.					ľ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Reg	istered Age	nt signature requ	quired who	en reinstating)	DATE		 -
12.		D DIRECTORS	Ť	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	D	LETE	1.1 TITLE					☐ Change	☐ Addition
NAME	BILELLO, RICHARD			1.2 NAME						
STREET ADDRESS	390 SE 6 TERRACE			1.3 STREE	TADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33060		1	1.4 CITY-S	T-ZIP					
TITLE	PD	☐ D	ELETE	2.1 TITLE					☐ Change	☐ Addition
NAME !	JUAREZ, MANUEL			2.2 NAME						
STREET ADDRESS	531 S.W. 38TH TERR			2.3 STREE	T ADDRESS		•			
CITY-ST-ZIP	FT. LAUDERDALE FL 33312			2.4 CITY-	ST-ZIP		<u> </u>			
TITLE	STD	□ D	ELETE	3.1 TITLE					Change	Addition
NAME	BILELLO, FLORA (LORI)			3.2 NAME						
STREET ADDRESS	390 S.E. 6TH TERR			3.3 STREE	T ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33060			3.4. CITY-	ST-ZIP					
TITLE		□ D	ELETE	4.1 TITLE					Change	☐ Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	TADDRESS					
CITY-ST-ZIP				4.4 CITY-S	ST-ZIP					
TITLE		□ D	ELETE	5.1 TITLE					Change	☐ Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	TADDRESS					
CITY-ST-ZIP		<u> </u>		54 CITY-8	ST-ZIP					
TITLE			ELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			Į	6.2 NAME						1
ATDEET ADDRESS				63 STREE	TADDRESS					

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR