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 # **J84328**

1. Corporation Name

FLORIDA ENVIRONMENTAL CARE, INC.

						_	IERI BIBLI ERERI BIBLI	DIDLE EIBII IBDE
Principal Place of Business Mailing Address								
1901 SHERWOOD ST STORY AND THE								
CLEARWATER F	-L 33/65	CLEARWATER FL 34628	P.O. BOX 15026 CLEARWATER FL 34 629			DO NOT WRITE IN THIS SPACE		
-						3. Date Incorporated or Qualifed	-	
						07/27/1987		
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For
21	•	26 P.O. BOX		TOE	36	59-2829946	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	e	City & State	-			6. Election Campaign Financing	\$5.00	May Be
23		28 75884 33	160	<u></u>		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coi	untry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Register	red Agent	
COB	NY, PAUL V.			81	Name	`		
970			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
		02						
0741	ETY HARBOR FL 34695			83				
	•			84	City			Code
		500 1 007 450B Florida State		Luina	named come	pration submits this statement for the purpos	e of changing its	
11: Pursuant	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	te of Florida Such change was a	es, ine a uthorize	d by t	he corporatio	n's board of directors I hereby accept the a	ppointment as re	gistered
agent. I a	m familiar with, and accept the obli	gations of Section 607 0505 Flo	rida Sta	lules.			Transfer of the state of the st	- المتعلقية عالماً
SIGNATURE.	· 1715年的 18 18 18 18 18 18 18 18 18 18 18 18 18	Washington Sandan	,47,68, 13	1 4 C C C 1 5 5	signature required	(when reinstating) DAT	F	}
	Signature, typed or printed name of registered a	AND DIRECTORS	13.		signature required	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	PD	DELETE	1.1 T			ADDITIONS OF A STATE O	☐ Change	☐ Addition
NAME	GORNY, PAUL V.			IAME				l
STREET ADDRESS	1901 SHERWOOD ST				ADDRESS			[
	CLEARWATER FL 33765			TY-ST	1			
CITY-\$T-ZIP	CELATIVATER TE 00700	☐ DELETE	2.1 T		- 211		Change	Addition
NAME				iame	ļ			
STREET ADDRESS					ADORESS			ſ
				CITY-ST	1			
CITY-ST-ZIP		DELETE ~	_	TILE			☐ Change	- Addition
NAME		_	1	AME	ļ	•		
STREET ADDRESS	•				ADDRESS	•		
			1	OTTY-ST	1			
CITY-ST-ZIP TITLE		☐ DELETE	_	TILE	- ()		☐ Change	☐ Addition
NAME				NAME			-	
STREET ADDRESS			1		ADDRESS			ł
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TITLE		☐ DELETÉ	_	HTY-ST-	-211		☐ Change	Addition
NAME	,		•	IAME			- •	_
STREET ADDRESS					ADDRESS	•		•
		•		XTY-ST				1
CITY-ST-ZIP		☐ DELETE		TILE			☐ Change	Addition
NAME			6.2 N	IAME			·. •	, –
INCOL	I				ADDRESS		•	1

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

6.4 CITY-ST-ZIP

SIGNATURE:

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90032 005 ***150.00