## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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CORPO	OFIT DRATION			FLORIDA DEPAR	TIMENT OF 3. Mortham							
ANNUAL		[2] 新国教业证据-03			ry of State							
19	96	30.11		DIVISION OF C	CORPORA	RNOIT						
OCUM		# K0475	51	(9)								
Corporation Na	ame			(-)								
INDOOF	RENVIR	ONMENTS, INC.						1 (11) (11) (11)		<b>1</b>		
			A designation	Address								
ncipal Place of I			_	Address 34 NW 6TH ST.								
2134 NW 6TH GAINESVILLE				INESVILLE FL 326	09							
								3. Date Incorporated			e of Last FI <b>05/01/1</b>	
				Str. Address				12/03/198	<u> </u>	1		Applied For
Principal Place	of Busines	ss	28. Ma	iling Address				59-28681	117			Not Applicable
Suite, Apt. #, 6	etc.		Sui	te, Apt. #, etc.				5. Certificate of Statu	us Desired	$\times$		Additional Required
Cit . 9 Ctata			27 Cib	y & State				6. Election Campaign	n Financing			May Be
City & State			28	, , , , , , , , , , , , , , , , , , , ,				Trust Fund Contril				d to Fees
Zip	L	Country	Zιρ	)	Cour	ntry		This corporation h     Florida Statutes	nas liability for i Yes		ax under s	199.032,
		25 and Address of Curren	29   nt Registere	d Agent	30	[		10. Name and Addr	ess of New R	legistered	Agent	
	<i>5.</i>					l ì	me					
KRAUSE	82 St			eet Addre	ess (P.O. Box Number is	Not Acceptat	ole)					
	V BTH ST					83						
GAINES	VILLE FL :	32009				<b>84</b> C					85 2	ip Code
										FL	_	
Pursuant to	the provision	ons of Sections 607.0502 both in the State of Flori	end 607.19 ida. Such ch	508, Florida Statut ange was authoriz	es, the abored by the o		•	ation submits this staten rd of directors. I hereby a	nent for the pu	rpose of ch pointment a	nanging its registere	registered offi d agent. I am
tamillar with,	the provision agent, or land accept and accept grature, typed o	ons of Sections 607,0502 both, the State of Flori of the Obligations of Sect the Obligations of Sect or parted name of registered agon OFFICERS AN		ausl-	1 th	i l ove-nam comorat	d corpora on's boar	ation submits this staten of directors. Thereby a KRAUSE owner registered: ADDITIONS/CHA	L	rpose of chointment a	179 ID DIRECT	ORS IN 12
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