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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K55230 (2)
1. Corporation Name
ENVIRODYNE INC.



Principal Place of Business
4805 NW 2ND AVE
4801 OAK CIRCLE DRIVE UNIT #10 MIT
BOCA RATON FL 33431
US

Mailing Address
4805 NW 2ND AVE
4801 OAK CIRCLE DRIVE UNIT #10 MIT
BOCA RATON FL 33431-4817
US

3. Date Incorporated or Qualified 01/01/1989
3a. Date of Last Report 05/01/1996
4. FEI Number 65-0102929
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 4805 NW 2nd AVE
Suite, Apt. #, etc.
22
City & State
23 BOCA RATON FL.
Zip Country
24 33431 25 USA
2a. Mailing Address
26 4805 NW 2nd AVE
Suite, Apt. #, etc.
27
City & State
28 BOCA RATON FL.
Zip Country
29 33431 30 USA

9. Name and Address of Current Registered Agent
RETOUMIS, MICHAEL
4805 NW 2ND AVE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RETOUMIS, MICHAEL	1.2 NAME	
STREET ADDRESS	4805 NW 2ND AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	RETOUMIS, ANN	2.2 NAME	
STREET ADDRESS	1535 EAST LAKE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	
NAME	RETOUMIS, GEORGE	3.2 NAME	
STREET ADDRESS	4805 NW 2ND AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Michael Retoumis MICHAEL RETOUMIS 4-9-97 561-989-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)