

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K65492** (6)

1. Corporation Name

ENVIRODRILL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% PETER M. HOCKMAN
633 NORTH KROME AVE
HOMESTEAD FL 33030
US

% PETER M. HOCKMAN
633 N KROME AVE
HOMESTEAD FL 33030
US

3. Date Incorporated or Qualified

02/13/1989

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

308 NW 170 ST

26

Suite, Apt. #, etc.

308 NW 170 ST

22 City & State

NORTH MIAMI BEACH FL

27 City & State

NORTH MIAMI BEACH FL

23 Zip

33169

Country

USA

28 Zip

33169

Country

USA

24 25 29 30

4. FEI Number

65-0168598

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

HOCKMAN, PETER M.
633 N KROME AVE
HOMESTEAD FL 33030

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

Signature, typed or printed name of registered agent and identical applicable

(Signature, typed or printed name of registered agent and identical applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **HOCKMAN, JACK**
STREET ADDRESS **1800 NE 187TH ST**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **D** ☐ DELETE
NAME **HOCKMAN, ALEXANDER**
STREET ADDRESS **151 GOLDEN BEACH DR**
CITY-ST-ZIP **GOLDEN BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Alexander Hockman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

305 651-8483
Daytime Phone #

CR2E034 (12/95)