

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

**DOCUMENT # K74687 (0)**

1. Corporate Name:  
**GREENBERG ENVIRONMENTAL, INC.**

Principal Place of Business	Mailing Address						
9960 CYPRESS LAKE DR. FT. MYERS FL 33919	9960 CYPRESS LAKE DR. FT. MYERS FL 33919						
2. Principal Place of Business		2a. Mailing Address					
21 Suite Apt. # etc	26	2b. Mailing Address					
22 Suite Apt. # etc	27	2c. Mailing Address					
City & State		City & State					
23	28	29	30				
Ap	Country	Ap	Country				
24	25	29	30				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GREENBERG, JANET B 9960 CYPRESS LAKE DRIVE FT. MYERS FL 33919</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

95 MAY - 1 AM 3:12  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Organized      3a. Date of Last Report  
**03/28/1989**      **05/01/1994**

4. FEI Number      5. Certificate of Status Desired  
**65-0113787**       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

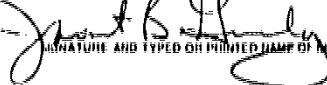
7. This corporation has liability for intangible tax under S-199 (C) Florida Statutes       Yes       No

11. Pursuant to the provisions of Sections 601.06(a) and 607.10(b) 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 607.10(b), Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	TS <b>GREENBERG, JANET B 9960 CYPRESS LAKE DR. FT. MYERS FL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY, ST, ZIP		3. STREET ADDRESS	
NAME	P <b>GREENBERG, HENRY N 9960 CYPRESS LAKE DR. FT. MYERS FL</b>	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. NAME	
CITY, ST, ZIP		6. STREET ADDRESS	
NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. NAME	
CITY, ST, ZIP		9. STREET ADDRESS	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. NAME	
CITY, ST, ZIP		12. STREET ADDRESS	
NAME		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY, ST, ZIP		15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY, ST, ZIP		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		20. STREET ADDRESS	
CITY, ST, ZIP		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		26. STREET ADDRESS	
CITY, ST, ZIP		27. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		29. STREET ADDRESS	
CITY, ST, ZIP		30. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(a), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate, and that my signature shall have the same legal effect made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or Block 13 if changed, or any affidavit with an initial.

SIGNATURE:   
Janet B. Greenberg  
SIGNATURE AND TYPED OR PRINTED NAME OF NAMING OFFICER OR DIRECTOR

4-28-95 (813) 481-2442