## 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

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90221 001 \*\*\*158.75

## DOCUMENT # K75594

1. Corporation Name

ENHEALTH ENVIRONMENTAL, INC.

Principal Place	e of Business	Mailing Address		_					
1409 SE 1ST A		1409 SE 1ST AVENUE							
FT. LAUDERDALE FL 33316 US		FT. LAUDERDALE FL 33316 US			DO NOT WRITE IN THIS SPACE				
03		00			3. Date Incorporated or Qualifed				
	•				03/27/1989				1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		_ <del></del>	lied For	
21	·	26			65-0116789			Applicable	
- ≝Sūite, Apt.	#, etc.	Sulte, Apt. #, etc.			5. Certifcate of Status Desired	Ę	\$8.75 A		
22		27 City 8 State							
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to			
Zip	Country	Zip	Country	. <del> </del>	8. This corporation owes the currer	nt vear Intano			
	25	29 30	_ `		Personal Property Tax.		Yes	<b>⊉</b> No	
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Re	gistered Ag	ent		
			81	Name					
LEVITT, PRESTON C. 8211 W BROWARD BLVD			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
	THOUSE 4		83						
PLAI	NTATION FL 33304		84	City			85 Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Sta						<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes.	, lile abov	e-named corp	puration submits this statement for the p				l
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig Signature, typed or printed name of registered ex	e of Florida. Such change was auth gations of, Section 607.0505, Florid	nonzed by la Statutes	r the corporate s.	ed when reinstating)	DATE DATE			
office or r agent. I a	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered agents.	e of Florida, Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIVIND DIRECTORS	la Statutes registered Age	r the corporate s.	ion's board of directors. Thereby accept	DATE CERS AND	DIRECTOR	RS IN 12	
office or r agent. I a SIGNATURE	registered agent, or both, in the Stati im familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R	la Statutes registered Age 13. 1.1 TITLE	r the corporate s.	ed when reinstating)	DATE CERS AND			
office or r agent. I a SIGNATURE	registered agent, or both, in the Statism familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES	e of Florida, Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIVIND DIRECTORS	la Statutes legistered Age 13. 1.1 TITLE	nt e corporation	ed when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12	
office or r agent. I a SIGNATURE 12.	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES  1409 SE 1ST AVE	e of Florida, Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIVIND DIRECTORS	egistered Age  13. 1.1 TITLE 1.2 NAME 1.3 STREE	or the corporation is a signature require it signature require it ADDRESS	ed when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12	
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statism familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable.  (NOTE: RAND DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	or the corporation is a signature require it signature require it ADDRESS	ed when reinstating)	DATE CERS AND	DIRECTOR	RS IN 12	
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES  1409 SE 1ST AVE	e of Florida, Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIVIND DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CiTY-S 2.1 TITLE	or the corporation is a signature require it signature require it ADDRESS	ed when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12	
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES  1409 SE 1ST AVE	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable.  (NOTE: RAND DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	it in ecorporatii s.  Int signature require  IT ADDRESS ST-ZIP	ed when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12	
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES  1409 SE 1ST AVE	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable.  (NOTE: RAND DIRECTORS	egistered Age  13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 2.3 STREE	it in a corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it and the corporation in a signature require require it and the corporation in a signature require r	ed when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12	
office or ragent. I a SIGNATURE  12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES  1409 SE 1ST AVE	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable.  (NOTE: RAND DIRECTORS	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	it in a corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it address strain and the corporation in a signature require it and the corporation in a signature require require it and the corporation in a signature require r	ed when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12	
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered at  OFFICERS A  DPS  LITRIDES, JAMES  1409 SE 1ST AVE	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIND DIRECTORS  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	the corporations.  It signature require  IT ADDRESS  IT ADDRESS  IT ADDRESS  IT ADDRESS  IT ADDRESS  IT ADDRESS	ed when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12 Addition	
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIND DIRECTORS  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	the corporations.  It signature require  IT ADDRESS  IT ADDRESS  IT ADDRESS  IT ADDRESS  IT ADDRESS  IT ADDRESS	ed when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12 Addition	
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIND DIRECTORS  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	trie corporatii s.  Int signature require  IT ADDRESS  ST-ZIP  IT ADDRESS  ST-ZIP  ET ADDRESS	ed when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition	
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autigations of, Section 607.0505, Florid gent and title if applicable. (NOTE: RIND DIRECTORS  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE	trie corporatii s.  Int signature require  IT ADDRESS  ST-ZIP  IT ADDRESS  ST-ZIP  ET ADDRESS	ed when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12 Addition	
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autipations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R  NND DIRECTORS  DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 32 NAME 3.3 STREE 34. CITY-	trie corporatii s.  Int signature require  IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ed when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition	
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autipations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R  NND DIRECTORS  DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 32 NAME 3.3 STREE 34 CITY- 4.1 TITLE 4.2 NAME	trie corporatii s.  Int signature require  IT ADDRESS ST-ZIP  IT ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	ed when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition	
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autipations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R. NND DIRECTORS    DELETE   DELETE     DELETE   DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 3.1 TITLE 32 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	the corporations.  It signature require the signature requirement of the signature requirement	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition Addition	
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autipations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R  NND DIRECTORS  DELETE  DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 6.3 STREE 6.4 CITY- 6.5 TITLE 6.5 TITLE	the corporations.  In signature require  IT ADDRESS  ST-ZIP	ed when reinstating)	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition	
office or ragent. I a signature  12. Title Name Street address city-st-zip	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered as  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autipations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R. NND DIRECTORS    DELETE   DELETE     DELETE   DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	the corporations.  It signature require the signature requirement of the signature requirement	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition Addition	
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autipations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R. NND DIRECTORS    DELETE   DELETE     DELETE   DELETE	egistered Age 13. 1.1 ITILE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 32 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 ITILE 5.2 NAME 5.3 STREE	the corporations.  It appreciates a service of the corporation of the	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition Addition	
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the Statum familiar with, and accept the oblig  Signature, typed or printed name of registered ag  OFFICERS A  DPS LITRIDES, JAMES 1409 SE 1ST AVE  FT LAUDERDALE FL	e of Florida. Such change was autipations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R. NND DIRECTORS    DELETE   DELETE     DELETE   DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	the corporations.  If ADDRESS IT ADDRESS	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition Addition	

14. I 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 suppliemental 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 of 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 or in attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP