

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90028 004 ***163.50

DOCUMENT # K89701

1. Corporation Name

FLORIDA INTERNATIONAL ENVIRONMENTAL EXPO, INC.

Principal Place of Business

3354 17TH STREET
SARASOTA FL 34235

Mailing Address

3354 17TH STREET
SARASOTA FL 34235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1989

4. FEI Number

65-0126882

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 owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21 4071 N. PRAIRIE VIEW DR

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FLORIDA

Zip

Country

24 34232 25 U.S.A.

2a. Mailing Address

26 4071 N. PRAIRIE VIEW DR.

Suite, Apt. #, etc.

27 City & State

28 SARASOTA, FLORIDA

Zip

Country

29 34232 30 U.S.A.

9. Name and Address of Current Registered Agent

MANDELL, BRAD S
3354 17TH STREET
SARASOTA FL 34235

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME MANDELL, SAUL

STREET ADDRESS 501 N. BENEVA #610

CITY-ST-ZIP SARASOTA FL 34232

TITLE VD ☐ DELETE

NAME MANDELL, TODD

STREET ADDRESS 501 N. BENEVA #610

CITY-ST-ZIP SARASOTA FL 34232

TITLE PD ☐ DELETE

NAME MANDELL, BRAD

STREET ADDRESS 501 N. BENEVA #610

CITY-ST-ZIP SARASOTA FL 34232

TITLE VDS ☐ DELETE

NAME HOWARD, WENDY

STREET ADDRESS 501 N. BENEVA #610

CITY-ST-ZIP SARASOTA FL 34232

TITLE TDS ☐ DELETE

NAME MANDELL, EVELYN

STREET ADDRESS 501 N. BENEVA #610

CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4071 N. PRAIRIE VIEW DR
34232

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4071 N. PRAIRIE VIEW DR
34232

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

PD
IAN HOWARD
4071 N. PRAIRIE VIEW DR
34232

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4071 N. PRAIRIE VIEW DR
34232

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4071 N. PRAIRIE VIEW DR
34232

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

MANDELL, BRAD S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

941-378-2966

Daytime Phone #

CR2E034 (11/98)