## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 11 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	WIDE ENVIRONMENTAL	( · )			
Principal Plac	e of Business	Mailing Address		{	\$1011 61013 81011 81811 61811 1001
6211 OLD RIDGE RD #B PORT RICHEY FL 34668-3215		P.O. BOX 166 PORT RICHEY FL 34673			
		US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 07/03/1989	
2. Principal P	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 26		26		59-2957415	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		<b>5.</b> Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		10	Personal Property Tax due June 30.	Yes No
ļ	9, Name and Address of C	urrent Registered Agent		10. Name and Address of New Registe	red Agent
TORRENCE, K					١
	15 RIDGE ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	77 0
PU	RT RICHEY FL 34668		83 6 A	1) OLD RIDGE RI	0 #B
			[83]		
			84 City Po	RT RICHEY	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida Such change was auth agent. I am familiar 17th, and agent the obligations of, Section 607.0505, Florida			, the above-named corp thorized by the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Sonsture, lyped or printed name of register	2 (1)	Robrat E. Registered Agent signature requi	JOU AXIM PRES. 4	/29/98
12.	OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	YOUAKIM, ROBERT		1.2 NAME		
STREET ADDRESS	6043 LAFAYETTE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL	Drugge	1.4 CITY-S1-ZIP		
TITLE		LJ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME CTOSET ADDRESS			2.2 NAME	· •	-
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-2IP		DELETE	2. 4 CHY-ST-ZIP 3.1 THE		Change Addition
NAME		<del>_</del> .	3.2 NAME		En outlier En 140
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		•	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·		5.4 CITY - ST - ZIP		
TITLE	٠,	☐ DELETE	6.1 TITLE		Change Addition
NAME	•		6.2 NAME		•
STREET ADDRESS	·		6.3 STREET ADDRESS		

64city-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 again attachment with an address.