


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # L43042 (5) 1. Corporation Name ENVIROASSESSMENTS, INC.		

Principal Place of Business 13902 N. DALE MABRY HIGHWAY SUITE 300 TAMPA FL 33688	Mailing Address 13902 N. DALE MABRY HIGHWAY SUITE 300 TAMPA FL 33688
---	---

2. Principal Place of Business 21 401 E. JACKSON STREET, SUITE 2350 TAMPA FL 33602 Suite, Apt. #, etc. 22 2350 City & State 23 TAMPA FL Zip 24 33602	2a. Mailing Address 26 401 E. JACKSON ST. Suite, Apt. #, etc. 27 2350 City & State 28 TAMPA FL Zip 29 33602	Country 30 U.S.A.
--	--	----------------------

9. Name and Address of Current Registered Agent OVERFIELD, RANDALL W 4405 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624		81 Name 82 Street RANDALL W. OVERFIELD 83 4207 CARROLLWOOD VILLAGE COURT 84 City TAMPA, FL 33624 85 Zip Code FL
---	--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVERFIELD, RANDALL W 4405 CARROLLWOOD VILLAGE DRIVE TAMPA FL 33624	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P RANDALL W. OVERFIELD 4207 CARROLLWOOD VILLAGE COURT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	000002300990--S -09/23/97--01055--004 ****173.75 ****173.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE _____

FILED
97 SEP 19 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2989157	Applied For Not Applicable
5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CR2E034 (4/97)