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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

SIGNATURE:

1501 NW 163RD ST

DOCUMENT # L45755

(0)

Mailing Address

1501 NW 163RD ST

D OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WINGERTER ENVIRONMENTAL INCORPORATED

MIAMI FL 33169				MIAMI FL 33169				
								3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1990 05/01/1995
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For
21			26					65-0168267 Not Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State				City & State				6. Election Campaign Financing \$5.00 May Be
23			28		-			Trust Fund Contribution Added to Fees
Zip 24	Country Ziρ 25 29		Zip	Cou 30			B. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
	9. Name	and Address of Curre	ent Registe	ered Agent		ļ		10. Name and Address of New Registered Agent
						81	Name	
JENKINS, RONALD H.				82		Street Address (P.O. Box Number is Not Acceptable)		
13055 ARCH CREEK TERR N MIAMI FL 33181						83		
						84	City	FI 85 Zip Code
or registered familiar with SIGNATURE	d agent, or , and accep	ons of Sections 607.050 both, in the State of Flo of the obligations of, Sec or printed name of registroid age	rida Such otion 607.0	ohange was authorize 1505, Florida Statutes.	ed by the	corp	oration's	corporation submits this statement for the purpose of changing its registered offis board of directors. I hereby accept the appointment as registered agent. I am
12.	griature, typeo	OF FICERS A			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	OT TOP TO	IND DINEO	DELĒTE	1.11	TITLE		Change Addition
NAME		IS, RONALD H.		<u></u>	12 NAME			
STREET ADDRESS 13055 ARCH CREEK TERRACI			ACF				ADDRESS	
CITY-ST-ZIP	NO MIA					HY-S		
THILE	77.0			DELETE	2 1 1			Change Addition
NAME					2.2 N	IAME		
STREET ADDRESS					2.3 S	TREET	ADDRESS	
CITY-ST-ZIP					2.4 0	ITY-S	T-ZIP	
TITLE				DELETE	3. 1 7	TITLE		Change Addition
NAME					3.2 N	AME		
STREET ADDRESS					3.3 \$	STREET	ADDRESS	3
CITY-ST-ZIP				E burn		ITY-S	T-ZIP	Change C Addition
THLE				☐ DELETE	4.11			Change Addition
NAME CTOTES ADODESC						IAME STOCKT	ADDOLCC	
STREET ADORESS CITY-5T-ZIP						OTY-S	ADDRESS	
TITLE				☐ DELETE	5.1	•		Change Addition
NAME						IAME		Level - Level
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP						OTY-S		
TITLE				DELFTE		Tilte		Change Addition
NAME					621	IAME		
STREET ADDRESS					6.3.5	SIREE	ADDRESS	.[
CITY-ST-ZIP						DITY-5		
certify that i oath; that I	the informa am an offic	tion indicated on this an	nual report poration or	or supplemental anni the receiver or trustee	ual report e empowe	is tru	ie and ac	ualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made unde ute this report as required by Chapter 607, Florida Statutes; and that my name