FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L82606** **(9)**

1. Corporation Name
ENVIROMETRICS, INC.

Principal Place of Business
683 27TH AVE SW
VERO BEACH FL 32968

Mailing Address
683 27TH AVE SW
VERO BEACH FL 32968

3. Date Incorporated or Qualified: 06/22/1990
3a. Date of Last Report: 01/13/1995
4. FEI Number: 59-3017529 — 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 has liability for intangible tax under s. 199.032 Florida Statutes. [ ] Yes [✓] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip | 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip | 30 Country

9. **Name and Address of Current Registered Agent**

FYLER, GRACE R
683 27TH AVE SW
VERO BEACH FL 32968

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 Section 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 — DATE

12. OFFICERS AND DIRECTORS

D
FYLER, GRACE T
345 34TH COURT SW
VERO BEACH FL

[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE
[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP — [ ] Change [ ] Addition
2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP — [ ] Change [ ] Addition
3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP — [ ] Change [ ] Addition
4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP — [ ] Change [ ] Addition
5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP — [ ] Change [ ] Addition
6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP — [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Grace T. Fyler GRACE T. FYLER — 1/12/96 — 407 562 1968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)