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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M62173

ENVIRO-DESIGN, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90018 012 ***150.00



	Picipal Place of Business PINE 87TH STREET PORTAL FL 33138	Mailing Address 252 N.E. 87TH STREET EL PORTAL FL 33138		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/06/1987	
2	Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For	į
21		26		65-0025962 Not Applicable	
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	•
22	City & State	City & State		6. Flection Campaign Financing \$5.00 May Re	-
23	ony a olate	28		Trust Fund Contribution Added to Fees	
•	Zip Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 30	<u> </u>	Personal Property Tax.	
1.2	9. Name and Address of Current I	Registered Agent	94 21	10. Name and Address of New Registered Agent	
13	TOMCZAK, JOHN C.		81 Name	·	
H.	252 N.E. 87 STREET		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	EL PORTAL FL 33138		83	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			84 City	FL 85 Zip Code	
	Pit Ditariana da de la mandatana af Cantingo 607 0600 :			poration substitute this statement for the perpose of stranging the vegicies of	
	Pursuant to the provisions of Sections 607.0502 in office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation of the state of sections of the state of agent and accept the obligation of the state of the st	and title if applicable. (NOTE: Reg	gistered Agent signature requ		XX
	SNATURE Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: Rec	gistered Agent signature requ		11/98)
(5)	SNATURE Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: Reg	gistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	Ξ
NA	SNATURE Signature, typed or printed name of registered agent a OFFICERS AND F P TOMCZAK, JOHN C.	and title if applicable. (NOTE: Rec	gistered Agent signature requests. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	Ξ
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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 of 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:

305 758 8032