FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

ROVED
NED

DOCUMENT # **N35713** **(9)**

1. Corporation Name

YOUTH LEADERSHIP JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
% DINAH KOSSOFF 4049 WOODCOCK DR. STE 200 JACKSONVILLE FL 32207 US	% DINAH KOSSOFF 4049 WOODCOCK DR. STE 200 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1989**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **59-2999620** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KOSSOFF, DINAH
4049 WOODCOCK DR
STE 200
JACKSONVILLE FL 32207

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	(P)resident P D	☒ Change ☐ Addition
NAME	BROOME, MAXIE JR.	12 NAME		
STREET ADDRESS	3057 BRIDLEWOOD LN	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	S/T/D	☒ Change ☐ Addition
NAME	MINTER, CHARLOTTE	22 NAME	Delores Lastinger	
STREET ADDRESS	1632 BEACH AVE	23 STREET ADDRESS	1145 Campbell Avenue	
CITY-ST-ZIP	ATLANTIC BCH FL	24 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	TSD	31 TITLE	VD	☒ Change ☐ Addition
NAME	BRYAN, PEGGY	32 NAME		
STREET ADDRESS	5249 YACHT CLUB RD	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE	D	☐ Change ☐ Addition
NAME	BUCKINGHAM, JULIE	42 NAME		
STREET ADDRESS	3019 GRAND AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maxie Broome, Jr. Maxie Broome, Jr. 4/27/95 (904) 398-1951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001468

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

APPROVED AND FILED

9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36271** **(7)**

1. Corporation Name

ENVIRONMENTAL SOLUTION INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
235 PENNSYLVANIA AVE SE WASHINGTON FL 20003 US	235 PENNSYLVANIA AVENUE SE WASHINGTON DC 20003 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/24/1990**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **65-0173200** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 13826 Castle Cliff Way	26 13826 Castle Cliff Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Silver Spring, MD	City & State 28 Silver Spring, MD
Zip 24 20904 Country 25 USA	Zip 29 20904 Country 30 USA

9. Name and Address of Current Registered Agent

~~BINGHAM, J. REID~~
~~KIRKPATRICK & LOCKHART~~
~~201 S. BISCAYNE BLVD #2000~~
~~MIAMI FL 33131~~

Change of Address

10. Name and Address of New Registered Agent

31 Name: Reid J. Bingham
32 Street Address (P.O. Box Number is Not Acceptable): Concepcion, Sexton, Stiphany & Bingham
33 999 Ponce de Leon Blvd. #1015
34 City: Coral Gables FL 35 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0505 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: _____ 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CROFT, CHRISTOPHER	12 NAME	
STREET ADDRESS	13826 CASTLE CLIFF WAY	13 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GJERDE, KRISTINA	22 NAME	
STREET ADDRESS	6 FARMER ST.	23 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, CAROL-LYNN	32 NAME	
STREET ADDRESS	13826 CASTLE CLIFF WAY	33 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRING MD	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, LEILANI	42 NAME	
STREET ADDRESS	614 W MAIN ST	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christopher Croft Christopher Croft 26 April '95 (301)384-7026
SIGNATURE AND TYPED OR PRINTED NAME OF BENNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073920