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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:07

DOCUMENT # **N43498** (7)

1. Corporation Name
SCHRECK ENVIRONMENTAL AWARENESS SOCIETY, CORP.

Principal Place of Business	Mailing Address
P. O. BOX 39515 FT. LAUDERDALE FL 33339	P. O. BOX 39515 FT. LAUDERDALE FL 33339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1991
3a. Date of Last Report: 06/02/1994
4. FEI Number: 65-0431433 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 2787 NE 15TH ST
Suite, Apt. #, etc. (22):
City & State (23): POMPANO BCH, FL
Zip (24): 33062 Country (25): USA

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

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

9. Name and Address of Current Registered Agent

KOOLICK, BARBARA ANN
2787 NE 15TH ST
POMPANO BCH FL 33062

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	☐ Change ☐ Addition
NAME	SCHRECK, CAPT. STEVEN R.	12 NAME	
STREET ADDRESS	2717 NE 15TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KOOLICK, BARBARA ANN	22 NAME	
STREET ADDRESS	2787 NE 15TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LAKE, STEPHEN R.	32 NAME	
STREET ADDRESS	3074 PLANTATION CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	TUPELO MI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHRECK, CAPT. STEVEN R	42 NAME	
STREET ADDRESS	2787 NE 15TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT 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: Captain Barbara Koolick CAPT. B. KOOLICK 5/1/95 305 783-3111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047911