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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47415** (7)

1. Corporation Name

ARK ENVIRONMENTAL FOUNDATION U.S., INC.



Principal Place of Business	Mailing Address
%MICHAEL J. FINGAR, P.A.-THE SENATOR BLDG. 13899 BISCAYNE BLVD., #155 NORTH MIAMI BEACH FL 33181	%MICHAEL J. FINGAR, P.A.-THE SENATOR BLDG. 13899 BISCAYNE BLVD., #155 NORTH MIAMI BEACH FL 33181-1650

3. Date Incorporated or Qualified 02/21/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0316950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FINGAR, MICHAEL J.
THE SENATOR BLDG.-SUITE 155
13899 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33181**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRED, STANLEY M.	
STREET ADDRESS	THE SENATOR BLDG. PH2-13899 BISCAYNE BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL 33181	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JEPHCOTT, GREGORY	
STREET ADDRESS	498 HARROW RD.	
CITY-ST-ZIP	LONDON, ENGLAND	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	MANTEL, ESTHER N.	
STREET ADDRESS	THE SENATOR BLDG.-13899 BISCAYNE BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	MANTEL, ESTHER N.	
STREET ADDRESS	THE SENATOR BLDG.-13899 BISCAYNE BLVD.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D, VP, TREAS., CFO
2.3 STREET ADDRESS	ANN GORDON
2.4 CITY-ST-ZIP	THE SENATOR BLDG.-#103
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	13899 BISCAYNE BLVD.
3.3 STREET ADDRESS	NORTH MIAMI BEACH, FL 33181
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D, SEC.
4.3 STREET ADDRESS	DONNA M. BALLMAN
4.4 CITY-ST-ZIP	THE SENATOR BLDG.-#155
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	13899 BISCAYNE BLVD.
5.3 STREET ADDRESS	NORTH MIAMI BEACH, FL 33181
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:  4/3/97 (305) 947-2265
Date Daytime Phone # 003548

CR2E037 (9/96)