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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000002380 (4)

1. Corporation Name
FLORIDA ENVIRONMENTAL ADVISORY COUNCIL, INC.



Principal Place of Business: P.O. BOX 9087 CLEARWATER FL 34618-9087 US
Mailing Address: P.O. BOX 9087 CLEARWATER FL 34618-9087 US

3. Date incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business: 21 P.O. BOX 8176
2a. Mailing Address: 26 P.O. BOX 8176

4. FEI Number: 59-3183461
Applied For: Not Applicable

22 City & State: CLEARWATER FL
27 City & State: CLEARWATER FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip: 34618-8176 Country: USA
28 Zip: 34618-8176 Country: USA

6. Election Campaign Financing: \$5.00 May Be Added to Fees

24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: NOLLER, THOMAS 8333 BRYAN DAIRY ROAD LARGO FL 34847

10. Name and Address of New Registered Agent: 81 Name: NOLLER, THOMAS
82 Street Address (P.O. Box Number is Not Acceptable): 8333 BRYAN DAIRY RD.
83
84 City: LARGO FL 85 Zip Code: 33777

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLLER, THOMAS	1.2 NAME	
STREET ADDRESS	8333 BRYAN DAIRY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	33777
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, TONY	2.2 NAME	
STREET ADDRESS	121 W. 22 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	33010
TITLE	TOSD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, HERB	3.2 NAME	
STREET ADDRESS	23281 MIRABELLA CIR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	33433
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, HERB	4.2 NAME	
STREET ADDRESS	23281 MIRABELLA CIR. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	33433
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)