

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000002380 (4)  
1. Corporation Name  
FLORIDA ENVIRONMENTAL ADVISORY COUNCIL, INC.



Principal Place of Business Mailing Address  
P O BOX 8176 CLEARWATER FL 34618 US  
P O BOX 8176 CLEARWATER FL 34618-8176 US

3. Date Incorporated or Qualified  
05/25/1993  
4. FEI Number 59-3183461 Applied For Not Applicable

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 Country  
24 33758-8176 25 Country 29 33768-8176 30 Country

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. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
NOLLER, THOMAS  
8333 BRYAN DAIRY ROAD  
LARGO FL 33777

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 \_\_\_\_\_ 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 NOLLER, THOMAS 8333 BRYAN DAIRY RD LARGO FL	<input type="checkbox"/> DELETE	1.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP PEREZ, TONY 121 W. 22 STREET HIALEAH FL	<input type="checkbox"/> DELETE	2.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TDSD STEIN, HERB 23281 MIRABELLA CIR N BOCA RATON FL	<input checked="" type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SD STEIN, HERB 23281 MIRABELLA CIR. N. (OK) BOCA RATON FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	5.2 NAME MARTIN PUCCIO
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS 1998 NE 150 ST.
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP MIAMI FL 33181
		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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 as an attachment with an address.

SIGNATURE: *Thomas J. Noller, Treas.* Thomas J. Noller, Treas. 5/1/98 813-395-6350  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0052780

CR2E037 (10/97)