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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:26

DOCUMENT # N93000004422 (2)

1. Corporation Name

OPERATION SAVE MY ENVIRONMENT, LIFE AND LAND, IN C., A NONPROFIT CORPORATION

Principal Place of Business	Mailing Address
4791 N.W. 18TH AVE. POMPANO BEACH FL 33064	4791 N.W. 18TH AVE. POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0440490 ☐ 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 1620 N.W. 49 CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Pompano Beach, FL.
24 Zip / 25 Country	29 33064 / 30 U.S.A

9. Name and Address of Current Registered Agent

COLLIU, JOANNE
1620 N.W. 49TH CT.
POMPANO BEACH FL 33064

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	PD	11 TITLE		☐ Change ☐ Addition
NAME	LEONARD HARRIS	12 NAME		
STREET ADDRESS	1120 WEST LAKES DR.	13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, ANNABELLE	22 NAME		
STREET ADDRESS	3370 BEAU RIVAGE DR. H-5	23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	HESS, MARY	32 NAME	RESIGNED	
STREET ADDRESS	4550 N.W. 18 AVE. APT. 103	33 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	S/T/D	☒ Change ☐ Addition
NAME	COLLIU, JOANNE	42 NAME	COLLIU, JOANNE	
STREET ADDRESS	1620 N.W. 49 CT	43 STREET ADDRESS	1620 N.W. 49 CT.	
CITY-ST-ZIP	POMPANO BCH FL	44 CITY-ST-ZIP	Pompano Bch. FL	
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: Joanne E Colliu JOANNE COLLIU 02/09/95 305 426-1170
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER — Date — Daytime Phone #

0016007