

FILE NOW: FILING FEE IS \$61.25

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Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000611 (1)**

1. Corporation Name

**ENVIRO-WILDLIFE, CORP.**



Principal Place of Business <del>1406 CHURCHILL CIRCLE, P-201 NAPLES FL 33999</del>	Mailing Address <del>1406 CHURCHILL CIRCLE, P-201 NAPLES FL 34116-8678</del>
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2. Principal Place of Business <b>3950 COCONUT CIRCLE</b>		2a. Mailing Address <b>3950 COCONUT CIRCLE</b>		3. Date Incorporated or Qualified <b>02/05/1996</b>	3a. Date of Last Report
21. Suite, Apt. #, etc. <b>NAPLES FLA</b>	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0646487</b>	Applied For <input type="checkbox"/> Not Applicable		
22. City & State <b>NAPLES FLA</b>	27. City & State <b>NAPLES FLA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23. Zip <b>34104</b>	28. Zip <b>34104</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24. Country <b>USA</b>	29. Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>JONES, JAMES G 1207 3RD ST S, SUITE 2 NAPLES FL 33940</b>		10. Name and Address of New Registered Agent <b>JAMES G JONES 2124 AIRPORT RD. SOUTH SUITE 101 NAPLES FL 34104</b>	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELMONTE, ANTHONY N</b>	<b>N/A</b>	1.2 NAME <b>MICHELE ACOSTA</b>	
STREET ADDRESS <b>1406 CHURCHILL CIRCLE, P-201</b>		1.3 STREET ADDRESS <b>3950 COCONUT CIRCLE</b>	
CITY-ST-ZIP <b>NAPLES FL 33999</b>		1.4 CITY-ST-ZIP <b>NAPLES FLA 34104</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ACOSTA, JOSEPH</b>		2.2 NAME <b>JOSEPH ACOSTA</b>	
STREET ADDRESS <b>3950 COCONUT CIRCLE S</b>		2.3 STREET ADDRESS <b>3950 COCONUT CIRCLE</b>	
CITY-ST-ZIP <b>NAPLES FL 33942</b>		2.4 CITY-ST-ZIP <b>NAPLES FLA 34104</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JONES, MARY J</b>	<b>N/A</b>	3.2 NAME <b>Julio C Fernandez</b>	
STREET ADDRESS <b>4989 GOLDEN GATE PARKWAY, #104</b>		3.3 STREET ADDRESS <b>6145 DOLLY AVE.</b>	
CITY-ST-ZIP <b>NAPLES FL 33999</b>		3.4 CITY-ST-ZIP <b>NAPLES, FL 34112</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ACOSTA, MICHELE</b>		4.2 NAME <b>Carmen Acosta LaRocque</b>	
STREET ADDRESS <b>3950 COCONUT CIRCLE S</b>		4.3 STREET ADDRESS <b>3950 Okeechobee St</b>	
CITY-ST-ZIP <b>NAPLES FL 33942</b>		4.4 CITY-ST-ZIP <b>NAPLES FL 34112</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ACOSTA, MICHELE</b>		5.2 NAME <b>TODD LaRocque</b>	
STREET ADDRESS <b>3950 COCONUT CIRCLE S</b>		5.3 STREET ADDRESS <b>3950 Okeechobee St</b>	
CITY-ST-ZIP <b>NAPLES FL 33942</b>		5.4 CITY-ST-ZIP <b>NAPLES FL 34112</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ACOSTA, MICHELE</b>		6.2 NAME <b>TODD LaRocque</b>	
STREET ADDRESS <b>3950 COCONUT CIRCLE S</b>		6.3 STREET ADDRESS <b>3950 Okeechobee St</b>	
CITY-ST-ZIP <b>NAPLES FL 33942</b>		6.4 CITY-ST-ZIP <b>NAPLES FL 34112</b>	

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, on an attachment with an address.

CR2E037 (9/96)