

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P19049 (6)

1. Corporation Name

NATIONAL ENVIRONMENTAL PRODUCTS, LTD., INCORPORATED

Principal Place of Business

4501 NW 103RD AVENUE
SUNRISE FL 33351

Mailing Address

4501 NW 103RD AVENUE
SUNRISE FL 33351



3. Date Incorporated or Qualified
04/28/1988

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

52-1571586

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

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACKBURN, STEPHEN M.
412 NORTHEAST 4TH STREET
FORT LAUDERDALE FL 33301

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

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 ☐ DELETE
NAME PSD
STREET ADDRESS STRAUSS, JOSEPH
CITY-ST-ZIP 6875 NORWALK AP 804
MONTREAL, CAN

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME VD
STREET ADDRESS STRAUSS, LOUIS
CITY-ST-ZIP 1555 GORDON PL
DORVAL, QUEBEC

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TAS
STREET ADDRESS KOPEL, ZEV
CITY-ST-ZIP 105 SILVERBIRCH
DOLLARD DES ORMEAUX, P

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS STRAUSS, JASON
CITY-ST-ZIP 2519 SUGARLOAF LANE
FT LAUDERDALE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

8000001746508
-03/18/96--01034--013
***200.00

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JASON STRAUSS - Director - 31-1996

Date Daytime Phone #

1 (208) 746-9770

CR2E034 (12/95)

3-18-1996