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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 33351-7936**



3. Date Incorporated or Qualified **04/28/1988** 3a. Date of Last Report **03/18/1996**

2. Principal Place of Business
21 **110 S.W. 16TH AVENUE**
Suite, Apt. #, etc.

2a. Mailing Address
26 **110 S.W. 16TH AVENUE**
Suite, Apt. #, etc.

4. FEI Number **52-1571586** Applied For
Not Applicable

22 City & State
23 **POMPAÑO BEACH FL**

27 City & State
28 **POMPAÑO BEACH FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33069** 25 Country **BROWARD**

29 Zip **33069** 30 Country **BROWARD**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PSD STRAUSS, JOSEPH**
STREET ADDRESS **6875 NORWALK AP 804**
CITY - ST - ZIP **MONTREAL, CAN**
TITLE ☐ DELETE
NAME **VD STRAUSS, LOUIS**
STREET ADDRESS **1555 GORDON PL**
CITY - ST - ZIP **DORVAL, QUEBEC**
TITLE ☐ DELETE
NAME **TAS KOPEL, ZEV**
STREET ADDRESS **105 SILVERBIRCH**
CITY - ST - ZIP **DOLLARD DES ORMEAUX, P**
TITLE ☐ DELETE
NAME **SD STRAUSS, JASON**
STREET ADDRESS **2519 SUGARLOAF LANE**
CITY - ST - ZIP **FT LAUDERDALE FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6072 WAVERLY STREET**
2.4 CITY - ST - ZIP **MONTREAL QUEBEC CANADA**
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JASON STRAUSS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 26, 1997 954-968-9911
Date Daytime Phone #

CR2E034 (9/96)