

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

APPROVED
AND
FILED

96 JAN 16 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

ANNUAL REPORT
1995
DOCUMENT # **P92000005871**
1. Corporation Name: **OPTIMAL ENVIRONMENTS, INC.**

Principal Place of Business: **13202 LAKE MAGDALENE BLVD.
TAMPA, FL. 33618**
Mailing Address:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **13202 LAKE MAGDALENE BLVD.**
2a. Mailing Address: **13202 LAKE MAGDALENE BLVD.**
22. City & State: **TAMPA, FL.**
23. Zip: **33618**
25. Country: **HILLSBOROUGH**
29. Zip: **33618**
30. Country: **HILLSBOROUGH**

3. Date Incorporated or Qualified: **11-16-92**
3a. Date of Last Report: **1-26-95**
4. FCI Number: **59-3159638**
5. Certificate of Status Desired: ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**MICHAEL K. NOWOTARSKI
4950 EDGEWATER LAKE
OLDSMAR, FL. 34677**

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 607.05(1) and 607.15(1), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above 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 a resident of the State of Florida and a natural person of the State of Florida.

SIGNATURE: **Michael K. Nowotarski** **Michael K. Nowotarski**

1-16-96

12. OFFICERS AND DIRECTORS

1. TITLE: **PRESIDENT**
NAME: **MICHAEL K. NOWOTARSKI**
STREET ADDRESS: **4950 EDGEWATER LAKE**
CITY: **OLDSMAR, FL. 34677**
STATE: **FL.**
ZIP: **34677**
2. TITLE: **V.P.**
NAME: **MAUREEN NOWOTARSKI**
STREET ADDRESS: **4950 EDGEWATER LAKE**
CITY: **OLDSMAR, FL. 34677**
STATE: **FL.**
ZIP: **34677**
3. TITLE: **SEC.**
NAME: **MAUREEN NOWOTARSKI**
STREET ADDRESS: **4950 EDGEWATER LAKE**
CITY: **OLDSMAR, FL. 34677**
STATE: **FL.**
ZIP: **34677**
4. TITLE: **TREASURER**
NAME: **MICHAEL K. NOWOTARSKI**
STREET ADDRESS: **4950 EDGEWATER LAKE**
CITY: **OLDSMAR, FL. 34677**
STATE: **FL.**
ZIP: **34677**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: ☐ Change ☐ Addition
2. NAME:
3. STREET ADDRESS:
4. CITY: ☐ Change ☐ Addition
5. STATE:
6. ZIP:
7. NAME:
8. STREET ADDRESS:
9. CITY: ☐ Change ☐ Addition
10. STATE:
11. ZIP:
12. NAME:
13. STREET ADDRESS:
14. CITY: ☐ Change ☐ Addition
15. STATE:
16. ZIP:
17. NAME:
18. STREET ADDRESS:
19. CITY: ☐ Change ☐ Addition
20. STATE:
21. ZIP:

800001700478
-01/29/96--01070--011
******208.75** ☐ Change ☐ Addition **208.75**

1-16-96
MS

SIGNATURE:

Michael K. Nowotarski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL K. NOWOTARSKI, PRESIDENT

1-16-96 **813-948-3325**