## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300001455 (3)

ADVANCED VAPOR RECOVERY SYSTEMS, INC.

2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-3153239   Not Applied For Not Applied For South, April #, etc.   59-3153239   Not Applied For Not Applied For Not Applied For Not Applied For South, April #, etc.   59-3153239   Not Applied For Not Applied For Not Applied For Not Applied For South, April #, etc.   59-3153239   Not Applied For Not Applied For South, April #, etc.   6. Certificate of Status Desired   Fee Required Fee Required Fee Required Fee Required Fee Required For Status Desired   Fee Required Fee Fee Fee Fee Fee Fee Fee Fee Fee F	Principal Plac	ce of Business	Mailing Address							
2. Principal Parc of Business. 2. Principal Parc of Business. 3. Moding Address 4. FEI Number 5. St. St. St. St. St. St. St. St. St. St			ST. PETERSBURG FL 337	ST. PETERSBURG FL 33710-2261						
Since, April #, e.p.										Report
SIGNAL FOR STATE AND THE REPORT OF THE REPOR	,	Place of Business	<u> </u>							Applied For
City & Status   Status   Carried for Status	[21]	#					59-3153239		·	
City & Statute    Country   Zip	22	·	<b>i</b> ₁	h			5. Certificate of Status Desired			
Part   Country   Zp   Country   Zp   Country   Enricing Statutes   Place   Street Address of Current Registered Agent   Since Statutes   Place   Street Address of New Registered Agent   Street Addres	City & Sta	ite	<u></u>							
Some and Address of Current Registered Agent   Some and Address of New Registered Agent   Some Address of New Registered   Some	Zip	<del> </del> 1	<b>├</b> ─¬ '	<b> </b>	У				tax under	
822 3 IST TERRACE N. ST. PETERSBURG R. 33710  82 Street Address (P.O. Box Number is Not Acceptable)  83	<u> </u>			1001						
8282 31ST TERRACE N. ST. PETERSBURG PL 33710  82	COF	RR. KAREN A		61	1	Vame				
B3	8252	2 31ST TERRACE N.		62		Street Addre	ss (P.O. Box Number is Not Acceptab	le)	<del></del>	
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 Fiorida Statutes, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. OFFICERS AND DIRECTORS  11. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. OFFICERS AND DIRECTORS  11. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. OFFICERS AND DIRECTORS  11. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. OFFICERS AND DIRECTORS  11. THE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ANAE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  10. OCRR, KAREN A  8252 31ST TERRACE  13. SIRET ADDRESS  13. SIRET ADDRESS  14. CITY ST. ZP  11. CIT	81.	PETERSBURG FL 33/10		83	+					<del></del>
online or registered agent, or both, in the State of Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and daccept the obligations of, Section 607/5056, Florida Statutes.  SIGNATURE    2.				84	7	City	***************************************		<b>85</b> Zir	Code
online or registered agent, or both, in the State of Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and daccept the obligations of, Section 607/5056, Florida Statutes.  SIGNATURE    2.	11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508. Florida Statu	ites the abov	e-n	amed corpo	pration submits this statement for the n		f changing	ite registered
SIGNATURE	Office or	registereg agent, or born, in the S	tale of Florida. Such change was	: authorized h	u th	e corporation	on's board of directors. I hereby accep	t the app	ointment a	s registered
Squared proced proced process agreed and served as expectable.   NOTE Progression Agent agreed and where minicializing   DATE		anniamiliar with, and accept the o	Dilgations of, Section 607.0505, F	Torida Statute	S.					
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE CORR, KAREN A 8252 31ST TERRACE SIRELLADIRES CITY. 51.7P THE DELETE 21THE 21THE 2 Addition RAME STRELLADIRES STREET ADDRESS CITY. 51.7P THE DELETE 31 TREET STREET ADDRESS CITY. 51.7P DELETE 31 THE 32 RAME 33 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 32 RAME 33 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 34 RAME 34 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 34 RAME 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 34 RAME 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 34 RAME 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE DELETE 31 THE 35 STREET ADDRESS CITY. 51.7P THE 35 STREET ADDRESS CI	SIGNATURE	Signature hypoto or printed name of registers	o agent and the if and cable. (NC	IE: Registered Ac	eni s	ionature require	d when reinstaling)	DATE	·	
NAME   CORR, KAREN A   12 AMME   12 AMME   13 STREET ADDRESS   14 CITY-ST-2IP	12.					3			D DIRECTO	RS IN 12
1.3 SIRECT ADDRESS   2.5 2 1 1 T TERRACE   1.3 SIRECT ADDRESS   1.4 CITY_ST_2IP	TITLE	D	☐ DELETE	1.1 TITLE			The state of the s		Change	Addition
ST. PETERSBURG PL	NAME	CORR, KAREN A		1.2 NAME						
THE	STREET ADDRESS	8252 31ST TERRACE		1.3 STREE	T ADI	DRESS				
DELETE	CHY-ST-ZP	ST. PETERSBURG FL		1.4 CITY-	ST-Z	ıjp				
23 STREET ADDRESS   24 CITY-ST-ZIP	THLE		☐ DELETE						Change	Addition
2	NAME			2.2 NAME						
DELETE   DELETE   3.1 TITLE   Change   Addition	STREET ADDRESS			2.3 STREE	T ADI	DRESS		· .		
NAME	CPY-\$1-ZP			2 4 CITY-	ST-Z	ZIP				
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP	TITLE		DELETE	3.1 TITLE					Change	Addition
CHY-SI-ZP  11LE	NAME			3 2 NAME						
THE DELETE 41 TITLE Change Addition NAME SPEEL ADDRESS CHY-SL-ZIP HILE DELETE 51 TITLE 1.2 NAME SPEEL ADDRESS CHY-SL-ZIP HILE DELETE 51 TITLE 5.1 TITLE 5.2 NAME SPEEL ADDRESS CHY-SL-ZIP THE 5.3 STREET ADDRESS CHY-SL-ZIP THE 5.4 CHY-SL-ZIP THE 5.4 CHY-SL-ZIP THE 5.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME SPEEL ADDRESS CHY-SL-ZIP THE 5.3 STREET ADDRESS CHY-SL-ZIP THE 5.4 CHY-SL-ZIP THE 5.3 STREET ADDRESS CHY-SL-ZIP THE 5.4 CHY-SL-ZIP THE 5.3 STREET ADDRESS CHY-SL-ZIP THE 5.4 CHY-SL-ZIP THE	STREET ADDRESS			3.3 STREE	T ADI	DRESS				
A 2 NAME SPREEL ARDRESS CHY-ST-ZIP HILE DELETE 5.1 TITLE Change Addition NAME SPREEL ADDRESS CHY-ST-ZIP  SA CHY-ST-ZIP  DELETE 61 TITLE 61 TITLE Change Addition Change Addition Change Addition AMM STREET ADDRESS CHY-ST-ZIP  THE DELETE 61 TITLE 62 NAME STREET ADDRESS CHY-ST-ZIP 64 CHY-ST-ZIP 65 ON THE CONTROL OF THIS ADDRESS ADDRESS CHY-ST-ZIP 65 ON THE CONTROL OF THIS ADDRESS	CHY-ST-ZP			3.4. CITY-	ST-Z	ZIP				
SPEEL ADDRESS CHY-ST-ZIP  HILE DELETE 5.1 THLE S.2 NAME SIFEET ADDRESS CHY-ST-ZIP  THLE DELETE 5.3 STREET ADDRESS CHY-ST-ZIP THLE DELETE 6.1 THLE S.3 STREET ADDRESS CHY-ST-ZIP THLE S.4 CHY-ST-ZIP THLE STREET ADDRESS CHY-ST-ZIP TH. 4 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 angulal report of supplemental angular report is true and exception stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this angular report is true and exception stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this angular report is true and exception stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this angular report is true and except the second that my signature shall have the second offered as if mode and or sub-the second that my signature shall have the second offered as if mode and or sub-the second of the seco	1 TLE		DELETE	4.1 TITLE				***********	Change	Addition
A4 CITY-ST-ZIP  DELETE 5.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DELETE 5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  DELETE 6.1 TITLE  Change Addition  Change Addition  Change Addition  AME  6.2 NAME  5.3 STREET ADDRESS CITY-ST-ZIP  1.4 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 angular report is true and accurate and that my signature shall have the same level effort as if mode and or only the	NAME			4. 2 NAME			•			
DELETE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME  SIFEET ADDRESS CITY ST-ZIP 5.4 CITY-ST-ZIP  TITLE 5.1 TITLE 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY-ST-ZIP  TITLE 5.1 TITLE 5.3 STREET ADDRESS CITY ST-ZIP 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.2 NAME  SIREFT ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 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 angular report is true and exclusive shall have the same level effort as if mode and or sub-the conditions.	STREET ADORESS			4.3 STREE	T ADI	DRESS				
NAME  SIFEET ADJRESS CITY ST-ZIP  TITLE  DELETE  DELETE  61 TITLE  Change Addition  62 NAME  5.3 STREET ADDRESS  64 CITY-ST-ZIP  61 TITLE  61 TITLE  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 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 angular report is true and exclusion and that my signature shall have the same level effort as if mode and construction.	CHY-ST ZIF			4.4 CITY - 1	ST-Z	IP .				
STREET ADDRESS CITY ST-ZIP  TIFLE  DELETE  61 TITLE  Change Addition  62 NAME  63 STREET ADDRESS  CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  64 CITY-ST-ZIP  14 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 angular report is true and exclusive shall have the same level effect as if mode and or sub-the-	THLE	Ī	☐ DELETE	5.1 TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP  10-14. 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 angular report is true and excrusion and that my signature shall have the same legal effect as if mode notes such that	NAME			5.2 NAME						
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  14. 4 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 angular report is true and excrete and that my signature shall have the same level effect as if mode and or sub-the-	STREET ADDRESS			5.3 STREE	T ADI	DRESS				
NAME  STREET ADDRESS  C-TY-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 angular report is true and exclusion and that my signature shall have the same legal effect as if made under each the	CHTY+ST-ZIP			5.4 CITY - 5	ST- Z	IP.				
STREET ADDRESS  CITY-ST-ZP  6.3 STREET ADDRESS 6.4 CITY-ST-ZP  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 angular report is true and accurate and that my signature shall have the same legal effect as if made under sort; the	11716		DELETE	6 1 TITLE					Change	Addition
64 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 angular report is true and accurate and that my signature shall have the same legal effect as if made under each that	NAME			6.2 NAME						
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 information information in the second transfer of this angular report is true and accurate and that my signature shall have the same legal effect as if made under each that	STREET ADDRESS			6.3 STREET	ADC	DRESS				
IDECTION DESCRIPTION OF THE SAME AND A SECOND OF SUPPRISHED AND A SECOND OF THE SAME AND A SECON										
	miognatio	on Indicated on this annual report.	or supplemental annual report is:	true and acci	irat	n tedt bne e	ny cianatura chall have the come leadl	officet or	e it made ur	adar aath: that