May 07, 1999 8:00 am Secretary of State

05-07-1999 90003 020 \*\*\*158.75

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

**PROFIT** CORPORATION<sup>®</sup> ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

TAVIRO

ENVIRUE	JEAM, INC.		,	-,	VС.			
Principal Place of Business Mailing Address						1 10011431 (10 10:00 (11:1) 00:11 00:11 00:11 00:11	( <b>4 8</b> 1511 <b>6</b> 18 <b>6</b> 1 11	)   <b>#</b> 1     <b>                                 </b>
1461 SW 12 AV SUITE A POMPANO BEA US		1461 SW 12 AVENUE SUITE A POMPANO BEACH FL 33069 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  01/22/1993		
2. Principal P	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number	<u> </u>	lied For Applicable
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.	Suite, Apt. #, etc.			65-0393933  5. Certifcate of Status Desired	\$8.75 Ac	dditional
City & State	e	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip 24	Country 25		29 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
•	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered A	gent	
O'DONNELL, PATRICK M 2497 SE 12TH ST POMPANO BEACH FL 33062				81 Name 82 Street Ad 83		ess (P.O. Box Number is Not Acceptable)		
			8	34	City	FL	85 Zip C	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	inonzea b	ov tr	named corpo he corporatio	oration submits this statement for the purpose of c on's board of directors. I hereby accept the appoint	nanging its r ment as reg	egistered istered
SIGNATURE		(NOTE: E	Parintered As		nionatura regulited	d when reinstating) DATE		
Signature, types of printed regime a signature against a signature					aiditators (adamed	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P DELETE			1.1 TITLE			☐ Change	Addition
	ODONNELL, PATRICK M.			1.2 NAME			-	
ODOTALLE, PATRION IN.				1.3 STREET ADDRESS				
STREET ADDRESS				1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2.1 TITLE			☐ Change	Addition
THE THE STATE OF T				2.2 NAME			-	
ATODES, MICHAEL TO					ADDRESS			

DEERFIELD BCH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 supplied ental 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 of 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, with all other like empowered.

**SIGNATURE:** 

FASTALLE OBOUTE UT TRASSIDENT

954. 186 - 856 5