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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022268 (5)

ENVIROSMITHS, INC.

	on of Rusines			Mailing /	Adrince									
Principal Place of Business 255 GARY DRIVE				Mailing Address P.O. BOX-771581										
WINTER GARDEN FL 34787				WINTER GARDEN FL 34777-1591			•			DO NOT WR	ITE INITHIC	SPACE		
US				U\$					-	3. Date Incorporated or Qualifie		OF AGE		7
										03/22/1993				
2. Principal Place of Business				2a. Mailing Address					•	FEI Number		_ <del>                                    </del>	pplied For	
21 Cuite Aut # etc				26 P.O. Box 77078 Suite, Apt. #, etc.			ob			59-3175076			lot Applicable Additional	4
Suite, Apt. #, etc. 22				27				4	5. Certificate of Status Desired			Additional Required		
City & State				Cily & State						6. Election Campaign Financing		\$5.00	) May Be	7
23			28 Winter Garden						Trust Fund Contribution		Added	to Fees		
Zip	Country 25						ountry Grange		1	B. This corporation owes or has	•		itangible No	
24			egistered Agent				citige		Personal Properly Tax due June 30. Yes No 10, Name and Address of New Registered Agent					
SM	IITH, PATRI						81	Name						1
	5 GARY DR					82	Street	Address	(P.O. Box Number is Not Accep	table)			-	
WINTER GARDEN FL-347 <del>77-159</del> 1							L		The content of the co					
							83							
							84	City			FL	85 Zip	Code	1
11. Pursuant	to the provis	ons of Sections	607.0502 ar	nd 607.150	8, Florida Statu	tes, the	abov	e-named	corporat	ion submits this statement for th		f changing i	its registered	-
office or r agent. I a	regi <b>s</b> tered ag am <b>fa</b> miliar wi	ent, <b>or b</b> oth, in th th, a <mark>nd</mark> accept th	ne State of F ne obligation	londa. Suc ns of, Secti	ch change was ion 607.05 <mark>0</mark> 5, F	authoriz Iorida St	ed b atute	y the corp s.	poration's	ion submits this statement for the board of directors. I hereby ac	cept the ap	oointment as	s registerea	
SIGNATURE		or printed harne of reg								on reinstating)	DATE			_
12.	Signature, typeo		ERS AND DI			13		en sgrature	e required wi	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12	-  <u>[</u> -
TITLE	PTS				DELETE		TITLE		Ι			Change	Addition	CB2F034 (10/97)
NAME		PATRICIA L				1.2	NAME							8
STREET ADDRESS	255 GAI					1.3	STREE	i address						Ϊğ
CITY-ST-ZIP	WINTER	GARDEN FL 3	34787	·			CITY-5	ST-ZIP	<u> </u>		<del> </del>		————	_ ÿ
TITLE					☐ DELFTE		TILLE					Change	Addition	
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CITY-\$T-ZIP TITLE					DELETE		TITLE	S1 - Z(P	<del> </del>			Change	Addition	<u>-</u>
NAME	ļ						NAME					<u> </u>	<u></u>	
STREET ADDRESS								I ADDITESS						
CITY-ST-ZIP						3.4.	CITY-	S1-ZIP						
TITLE					DELFTE	4.1	HILE					Change	Addition	Ĩ.
NAME						4. 2	NAME							
STREET ADDRESS						4.3	STREET	I ADDRESS	-					
City-St-ZiP						4.4	CITY - S	S1-ZIP						_
TITLE					DELETE	51	TULE					L Change	Addition	
NAME							NAME.	1						
STREET ADDRESS								I ADDRESS						
CITY-ST-ZIP					DECETE		CITY-S	S1-ZIP	ļ			Change	Addition	
TITLE					[]] DELETE		HILE					L Unange		1
NAME -							NAME	T ADDRESS						
STREET ADDRESS								T ADDRESS						
14. I hereby o	J certify that the	e information sur	oplied with the	his filina de	pes not qualify t	for the e	city-s xemp	otion state	L ed in Sec	tion 119.07(3)(i), Florida Statuto	s. I further c	ortify that the	e information	-
indicated officer or	on this annu director of th	al report or subi:	emental an the receiver	iriual repor r or trustee	t is true and ac empowered to	curate a	nd th	iat my sigi	anature sh	all have the same legal effect a by Chapter 607, Florida Statute	is if made ur	nder oath: th	rat Lam an	

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