

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000029702**

1. Corporation Name

**THE ENVIRONMENTAL ART AWARENESS GROUP, INC.**



Principal Place of Business  
807 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

Mailing Address  
807 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/21/1993**

4. FEI Number

**65-0401193**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

30

9. Name and Address of Current Registered Agent

**PARKER, ROSS  
1617 S.E. 1ST STREET  
FT. LAUDERDALE FL 33301**

81 Name

**ROSS PARKER**

82 Street Address (P.O. Box Number is Not Acceptable)

**1617 S.E. 1ST ST**

83

84 City

**FT. LAUDERDALE**

**FL**

85

**33301**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/24/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
PARKER, ROSS  
1617 S.E. 1ST STREET  
FT. LAUDERDALE FL 33301**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

TITLE ☐ DELETE

**TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED PARKER**

**3/16/99 954-767-8737**

DATE

Daytime Phone #

CR2E034 (1/98)