FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000037741 (4)**

1. Corporation Name
ENVIRO GUARD SYSTEMS, INC.

Principal Place of Business
1717 N. BAYSHORE DR.
APT. 1857
MIAMI FL 33132

Mailing Address
1717 N. BAYSHORE DR.
APT. 1857
MIAMI FL 33132

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report: 02/16/1995

2. Principal Place of Business
21 1717 N. BAYSHORE DR.
Suite, Apt. #, etc.
22 1857
City & State
23 MIAMI, FLORIDA
Zip 24 33132
Country 25 DADE

2a. Mailing Address
26 1717 N. BAYSHORE DR.
Suite, Apt. #, etc.
27 1857
City & State
28 MIAMI, FL.
Zip 29 33132
Country 30 DADE

4. FEI Number: 65-0422116 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JONES, DONALD A
1717 N BAYSHORE DR.
APT. 1857
MIAMI FL 33132

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 607.0505 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] JAN 18, 1996
(Typed or printed name of signer) (Date Signature Acknowledgement was received) DATE

12. OFFICERS AND DIRECTORS

TITLE: P ☐ DELETE
NAME: JONES, DONALD A
STREET ADDRESS: 1717 N. BAYSHORE DR., APT. 1857
CITY-ST-ZIP: MIAMI FL 33132

TITLE: VPS ☐ DELETE
NAME: JONES, CARLA
STREET ADDRESS: 1717 N. BAYSHORE DR. APT. 1857
CITY-ST-ZIP: MIAMI FL 33132

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [signature] 1-18-96 305 858 5720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)