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

PROFIT CORPORATION **ANNUAL REPORT** 1997



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300054197 (7)

STREAMLINE ENVIRONMENTAL INC.

Principal Place of Business Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



3505 LEONA STREET TAMPA FL 33629				3505 LEONA STREET TAMPA FL 33629-7911					[·				
									3. Date Incorporated or Qualified 07/30/1993	3a. Date of Last Report 01/26/1996				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ì	Apr	olied For	
21 Suito Ant		Suite, Apt. #, etc.					59-3194966	Not Applicable \$8.75 Additional						
Suite, Apt. #, etc.				27					5. Certificate of Status Desired	<u> </u>		A C 1 se Rec		
	City & State			City & State					6. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip 24	2	29	-14			ıntry		This corporation has liability for intangible tax under s. 199.03 Florida Statutes				199.032,		
		nd Address of Cu	rrent Registe	red Agent	·		-		10. Name and Address of New Reg	istered A	gent	 -		
SMITH, CRAIG R							81	Name						
3505 LEONA STREET TAMPA FL 33629								Street Ac	ldress (P.O. Box Number is Not Acceptable)					
IVIVII	PM FL 33028						83							
, p \(\frac{1}{2} \sigma^{-1} \) .							84	City		FL	85	Zip C	ode	
11. Pursuant l office or re agent. I as	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, typed or	printed name of registeres			(NO	11: ftegistere 13.	d Ago	nt signature to	quireo when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDE	STOR	2 BN 40	
12. TITLE	D	OFFICERS	AND DIRECT		DELFTE	1,1 Ti	TIF		ADDITIONS/CHANGES TO OFFIC		Chi		Addition	
NAME	SMITH, CR	AIG R				1.2 N								
STREET ADDRESS	3505 LEON					1.3 S	IREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL	33629				1.4 C	IY-S	7 - 21P						
TALE	V				DELETE	2.1 1	IILF				L Ch	ange	☐ Addition	
NAME	SORENSEN					2.2 N								
STREET ADDRESS CITY-ST-ZIP	S 3505 LEONA STREET TAMPA FL							ADDRESS						
TITLE	17mil A 1 E				DELETE	3.1		51 · 7/F			Ch	ange	Addition	
NAME				-		3.2 N						Ü		
STREET ADDRESS						3.3 S	TREET	ADDRESS						
CITY-ST-ZIP						3.4. 0	HY-9	ST - 7(P						
TITLE					DELETE	4.1 18					☐ Ch	ange	☐ Addition	
NAME						4. 2 N								
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP TITLE		 -		Т	DELETE	511		T - ZIP			Ch	ange	Addition	
NAME						5.2 N								
STREET ADDRESS						1		ADDRESS						
CITY-ST-ZIP								T- ZIP						
TITLE					DELETE	6.11	ITLE				Ch	ange	Addition	
NAME						6.2 N	AME						Ì	
STREET ADDRESS						1		ADDRESS						
CITY-ST-ZIP						640	ITY-S	1-7IP						

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.