

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JUN 10 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060966 (7)

1. Corporation Name

TRANSWORLD ENVIRONMENTAL SERVICES, INC.



Principal Place of Business

Mailing Address

701 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131-2822

701 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131-2822

3. Date Incorporated or Qualified
08/25/1993

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0441005

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. 190.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOSIK, VICTOR L
701 BRICKELL AVE.
SUITE 1400
MIAMI FL 33131-2822

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 607.0502 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 type: Registered Agent or Registered Agent/Secretary (if applicable)

(If the Registered Agent/Secretary is not the same person as the Registered Agent, the signature of the Registered Agent must also be provided.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
COURTELIS, ALEC P
701 BRICKELL AVE, SUITE 1400
MIAMI FL 33131-2822

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PITTS, W. DOUGLAS
701 BRICKELL AVE, SUITE 1400
MIAMI FL 33131-2822

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KURPS, JAMES
701 BRICKELL AVE, SUITE 1400
MIAMI FL 33131-2822

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PRIDGEN, DOUGLAS
701 BRICKELL AVE, SUITE 1400
MIAMI FL 33131-2822

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***1350.00 ***225.00

☐ Change ☐ Addition

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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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

Signature: [Signature]

CR2E034 (3/96)