FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000084534 (5)

ENVIR	O-SENSE PROPERTY MA	nagement I, Inc.						
Principal Place of 8252 31ST 1 ST PETERS! US			252 31ST TERRACE N. T PETERSBURG FL 33710					
					3. Date Incorpora 12/10/19	ited or Qualified 993	3a. Date of Last Report 05/01/1995	
21 2 2 2 2 2 City & State		2a. Mailing Address			4. FEI Number 59-331	12747	Applied For Not Applicab	اد،
		Suite, Apt. #, etc.	Suite, Apt. #, etc. 7 City & State		5. Certificate of S	Status Desired	\$8.75 Additional Fee Required	
		• • • • • • • • • • • • • • • • • • •			6. Election Camp Trust Fund Co	•	\$5.00 May Be	
Zip 24	Country 25	Zip 29	Country 30	,	8. This corporation Florida Statute		ntangible tax under s. 199.032,	
9. Name and Address of Current Registered Agent				,		10. Name and Address of New Registered Agent		
1110707	000TF		81	Nanie	!			
HARTY, SCOTT E. 8252 31ST TERRACE N. SY. PETERSBURG FL 33710			82	Street	Address (P.O. Box Numbe	r is Not Acceptable	0)	
			83					
•			84	City			FL 85 Zip Code	
familiar with SIGNATURE	d agent, or both, in the State of Flor , and accept the obligations of, Sec gnature, pperfor printed name of registerior agen OFFICERS At	ction 607.0505, Florida Statute	es.		required when remodelings		DATE CERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORR, KAREN A 8252 31ST TERRACE N. ST PETERSBURG FL	DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP				Change Addition	,
TITLE NAME STREET AUDRESS		DELETE 2		T ADDRESS			Chauge Addition	:
CITY-SF-ZIP TIFLE NAME	DELETE		2.4 C(1.Y - ST - ZIP 3.1 TITLE 3.2 NAME				Change Addition	<u></u>
STREET ADDRESS CITY-ST-ZIP			3.3 STREE 3.4 CITY - S		i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4 1 TH LE 4.2 NAME 4.3 STREET 4.4 CITY S				Change Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIF		☐ DELETE	5 1 THEF 5 2 NAME 5 3 STREET	f address	600 -05/0 ***20	00180 6/96010 0.00	185₿8 99 □ Addition 24045	ı. -
TITLE NAME STREET ADDRESS		☐ D€LETE	5 4 CiTy - 5 6 1 TiTLE 6 2 NAME 6 3 STREET				☐ Change ☐ Add tion	ì
CITY-ST-ZIP			64 CITY - S				5′	

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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my mame appears in Block 13 if changed, or on ap attachment with an address

SIGNATURE:

4-22-96 813 344-3301

CR2E034 (12/95)