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

ENVIROLAWN, INC.	00013637 (1)		
Philippal Place of Business Mailing Address 1615 S.W. 15TH TERRACE FT. LAUDERDALE FL 33312 Mailing Address 1615 S.W. 15TH TERRACE FT. LAUDERDALE FL 33312			s sammen vie sein erem erru. erus nehm deres tildet fillië fillië filli felt	
			3. Date Incorporated or Qualified 02/15/1994	3a. Date of Last Report 05/01/1995
Principal Place of Business 21	2a. Mailing Address 26		4. FEI Number 65-0473331	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Ζίρ 29	Country 30	8. This corporation has liability for	
9. Name and Address of Curre		100	10. Name and Address of New F	
FINEBERG, LIBO B 3500 GATEWAY DRIVE			ess (P.O. Box Number is Not Acceptat	
#201 POMPANO BEACH FL 33069		83		
TOWN THE DESIGN TE GOOD		84 City		FL 85 Zip Code
TIGE SYTD NAME PEARL, SUSAN W 1615 S.W. 15TH TERRACE	c area total diagnologiate (NO) ID DIRECTORS DELETE	E: Rogistered Agent signature required 13. 1. 1 TiTLE 1.2 NAME 1.3 STREET ADDRESS	when reinstating! ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12 Change Addition
CITY-ST ZP FT. LAUDERDALE FL 33312 PD REEVE, WILLIAM H IV 1615 S.W. 15TH TERRACE	☐ DELETE	1 4 CITY - ST - ZIP 2 1 TITLE 2 2 NAME		Change Addition
STREET ADDRESS 1615 S.W. 15TH TERRACE FT. LAUDERDALE FL 33312		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
D FINEBRG, LIBO B 3500 GATEWAY DR. #201 POMPANO BEACH FL 3306	☐ DELETE	3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITE AMS THEE LADORESS	☐ DELETE	4 1 TITLE 42 NAME 43 STREET ADDRESS		Change Addition
CITY - ST- 20 UILE VAME STHEFT ACCRESS	☐ DELETE	4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
JEY ST-7IP THE IAME STREET ADDRESS JHY-ST-ZIP	☐ DELETE	5.4 CITY-SI-ZIP 6.1 TITLE 6.2 NAME 6.3 SIREET ADDRESS 6.4 CITY-SI-ZIP		☐ Change ☐ Addition
14. Ido hereby certify that the information supplied certify that the information indicated on this annuestir, that I am an officer or phector of the corporappears in Block 12 or Block /13 if changed, or	uau renort or supplemental annu:	64 CITY-ST-ZIP	and that my cianature chall have the	come local affect so it made

SIGNATURE: