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. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000026297 (9)

OMNI-ZORB ENVIRONMENTAL TECHNOLOGIES, INC.

Principal Place of Business Mailing Address

FILED Jun 21 1996 8:00 am Secretary of State



1666 WILLIAMSBURG SQUARE LAKELAND FL 33803		1666 WILLIAMSBURG SQUARE LAKELAND FL 33803				
					3. Date Incorporated or Qualified 03/29/1994	3a. Date of Last Report 08/04/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3250214	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution Trust Fund Contribution S		
Ζιρ	Country	Zip	Countr	у	8. This corporation has liability for in	itangible tax-under s. 199 032
24	25	29	30		Florioa Statutes	Yes 📝 No
	9. Name and Address of Currer	nt Registered Agent		·	10. Name and Address of New Reg	istered Agent
N	OLAN, JOSEPH J		61	Name		
	866 WILLIAMSBURG SQUARE				ddress (P.O. Box Number is Not Acceptable)	
	AKELAND FL 33803					
, ,	TREE TE GOOD		83	1		
			84	City		85 Zip Code
	**************************************					FL.
office or r	to the provisions of Sections 607 050 legistered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such change was	authorized by	the corporat	poration submits this statement for the per tion's board of directors. Thereby ancept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature is post or posts a numeral registered a pe	est and the if applicable (fit	TH Hogored Aq	en' signature regi	ne-dwich tent (a ng)	LIAIF
12.	OFFICERS AN					
12.	OFFICERIONIN	IO DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
	D	DELETE	13. 11 T-TLE		ADDITIONS/CHANGES TO OFFIC	******
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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). Fiorida Statutes 1 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 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE SUPPLIES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR.

SIGNATURE OF SIGNING OFFICER OF DIRECTOR.

SIGNATURE: 4