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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000044892 (5) **DOCUMENT #**

ENVIRO FIRE & WATER RESTORATION SERVICES, INC.

Principal Place of Business Mailing Address 842 WILDWOOD CIRCLE 842 WILDWOOD CIRCLE PORT ORANGE FL 32119 PORT ORANGE FL 32119

FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1994 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 2a. 59-3250807 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zîp Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent ALASTRA, ANTHONY J 842 WILDWOOD CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) PORT ORANGE FL 32119 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1,1 TITLE Change Addition ALASTRA, ANTHONY J NAME 1.2 NAME R2E034 842 WILDWOOD CIRCLE 1.3 STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32119 CITY - ST - ZIP 1.4 C<u>∏Y -</u> ST - ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2,2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST- ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CE - ST- ZIP Addition Change DELETE TITLE 5.1 TI NAME 6.2 N/ STREET ADDRESS T ADDRESS 6.4 CI

14. I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this annual report or supplemental annual report is true and accurate and officer or director of the corporation or the receiver or trustee empowered to execute the Block 12 or Block 13 if changed, or on an attachment with an address.

ption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am an report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

28-98

904-788-7400