## 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

P94000047517 (5)

1. Corporation	MENT # P94000 STAL ENVIRONMENTAL SERV	0047517 ( rices, inc. south	. •	4 (108)/42/ (118 (4)/) Brien 40/() Brien	Banja banji diana kabal junga kabal kaba kaba
Principal Plac	a of Business	Mallon Adding			
,		Mailing Address			
531 MAIN SUITE C	51.	531 MAIN ST. Suite C			
	ARBOR FL 34695	SAFETY HARBOR F	L 34695		
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	Place of Business			06/20/1994	05/01/1995
21	lace of business	2a. Mailing Address		4. FEJ Number 59-3249810	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		39 32490 10	Not Applicable
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25	29	30	Florida Statutes	No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
MENNY	EMEVED II OUDIO		81 Name		
MENKEMEYER, H. CHRIS 531 MAIN ST.			82 Street Add	ress (P.O. Box Number is Not Acceptabl	e)
SUITE					
	Y HARBOR FL 34695		83		
<b>070 E</b> 1	1 1201DON 1 E 04090		84 Crty		<b>85</b> Zip Code
11. Pursuant	to the provisions of Sections 607,0502 a red agent, or both, in the State of Florida ith, and accord the philipations of Section	ort 607 1508 Florida Stat	utos the above period com-	4	<u>FL</u>
familiar w SIGNATURE 12.	ith, and accept the obligations of, Section Signature, type for proted name of resistered agent are OFFICERS AND	d title it apolicable (f	OS. NOTE: Pugisareo Apent signatura napar. <b>II 13.</b>	c when reinstaine)	DATE
TITLE	PD	[ ] DELETE	1, 1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	WILLIAMS, C. MICHAEL		1.2 NAME		Change Aportion
STREET ADDRESS	531 MAIN ST., SUITE C		1.3 STREET ADDRESS		
C(TY-ST-ZIP	SAFETY HARBOR FL 34695		1.4 CITY - S1 - 7IP		
TITLE	VD	[]] DELETE	2 1 TITLE		Change ( ) Addition
NAME	MENKEMEYER, H. CHRIS		2 2 NAME		
STREET ADDRESS	531 MAIN ST., SUITE C		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		2.4 City+St+ZiP		
TATLE	STD	DELETE	3 1 THLE		Change Addition
NAME	ULMER, CHATHERINE E		3.2 NAME		
STREET ADDRESS	%531 MAIN ST., SUITE C		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL 34695		3.4 CITY- ST-7IP		
TITLE		DECENE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Fil Oticic	4.4 C-(1Y - ST - Z-P		
NAME		DELETE	5 1 7HLF		Change Addition
STREET ADDRESS			5.2 NAME		
DITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 C(TY - S) - Z(P 6.1 TITLE		Fl Corner Fl Addition
NAME		Ориси			Change Addition
NAME STREET ADDRESS		Docti	6.2 NAME 6.3 STREET ADDRESS		ChangeAboution

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). Fiorida 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. H. Chris Menkemeyer 4/30/91 8137973224
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR Chris Menkemeyer 4/30/91 8137973224