## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400083398 (5)

ENVIRONMENTAL DESIGN & DEVELOPMENT, INC.

| L   |   |                                   |              |   |                                  |   | 'III E318: (£188 !!!E3 ! | AND REPORT OF THE SERVICE OF THE SER |
|---|---|-----------------------------------|--------------|---|----------------------------------|---|--------------------------|--|
| Principal Place of Business Mailing Address |   |                                   |              |   |                                  |   | ANI ODIDI FOXDA IRIDƏ R  | /////  |
| 401 WEST COLONIAL DR. 401 WEST COLONIAL DR. |   |                                   | DR.          |   |                                  |   |                          |  |
| 8TE. 5                                      |   | STE. 5                            |              |   |                                  |   |                          |  |
| ORLANDO FL                                  | 32804   | ORLANDO FL 32804                  |              |   |                                  | DO NOT WRITE IN THIS SPACE  |                          |  |
|   |   |                                   |              |   |                                  | <ol><li>Date Incorporated or Qualified</li></ol>  | 3a. Date of L            | ast Report   |
|   |   |                                   |              |   |                                  | 11/10/1994  | 08/22/1996               |  |
| · ·   | lace of Business                              | 2a. Mailing Address               |              |   | 4. FEI Number                    |   | Applied For              |  |
| 21  |   | 26                                |              |   | <b>59-3285846</b> Not Applicat   |   |                          |  |
| Suite, Apt.                                 | #, etc.                                       | Suite, Apt. #, etc.               |              |   | 5. Certificate of Status Desired | <b>★</b> \$8.   | .75 Additional           |  |
| 22  |   | [27]                              |              |   | 6. Certificate of Status Desired | F   | ee Required              |  |
| City & State                                | 9   | City & State                      |              |   |                                  | 6. Election Campaign Financing  | \$5                      | 5.00 May Be  |
| 23  |   | 28                                |              |   |                                  | Trust Fund Contribution   |                          | ded to Fees  |
| Zip   | Country                                       | Zip                               | Cou          | intry   | 7                                | 8. This corporation owes or has pa  | id the current ve        | ar Intannible  |
| 24  | 25  | 29                                | 30           |   |                                  | Personal Property Tax due June  |                          | □ No   |
|   | 9, Name and Address of Cu                     | rrent Registered Agent            |              |   |                                  | 10. Name and Address of New Re  | gistered Agent           | <del></del>  |
| ANGLIM, PAUL G<br>401 W. COLONIAL DR.       |   |                                   |              | 81  | Name                             |   |                          |  |
|   |   |                                   |              | 00 0 1111 00 0 0                                      |                                  |   |                          |  |
| SUITE 5                                     |   |                                   |              | 82 Street Address (P.O. Box Number is Not Acceptable) |                                  |   |                          |  |
| ORLANDO FL 32804                            |   |                                   |              | 63  |                                  |   |                          |  |
| <b>-</b> 1,"                                | D # 10 1 L 0 L 0 L 0 L 0 L 0 L 0 L 0 L 0 L    |                                   |              |   |                                  |   |                          |  |
|   |   |                                   |              | 84  | City                             |   | <b>B</b> 5               | Zip Code   |
| 44 Durayant                                 | to the provisions of Continue 607             | 0500 and 607 1500 Fladda 644      |              |   | 1 -                              |   | FL  °°                   |  |
|   | egistereo agent, or potii, in the 2           | State of Fiorida. Such Change was | s authorize  | a ns  | z the corpo                      | corporation submits this statement for the poration's board of directors. I hereby accept | urpose of chang          | jing its registered<br>nt as registered  |
| agent. I a                                  | m familiar with, and accept the o             | obligations of, Section 607.0505, | Florida Stat | lutes   | S.                               |   | то предпато              | in do regioneres   |
| SIGNATURE                                   |   |                                   |              |   |                                  |   |                          |  |
|   | Signature, typed or printed name of registere |                                   |              | d Age   | ent signature re                 | equired when reinstaling)   | DATE                     |  |
| 12.   |   | AND DIRECTORS                     | 13.          |   |                                  | ADDITIONS/CHANGES TO OFFIC  |                          |  |
| TITLE                                       | 0   | ☐ DELETE                          | 1.1 T        | TLE   |                                  |   | ☐ Cha                    | ange 🔲 Addition  |
| NAME  | ANGLIM, PAUL G                                | •                                 |              |   |                                  |   |                          |  |
| STREET ADDRESS                              |   |                                   |              | 1.3 STREET ADDRESS                                    |                                  |   |                          |  |
| CITY-ST-ZIP                                 | ORLANDO FL 32804                              |                                   | 1.4 CI       | 1.4 CITY-ST-ZIP                                       |                                  |   |                          |  |
| TITLE                                       |   | DELETE                            | 2.1 TI       | TLE   |                                  |   | ☐ Cha                    | ange   |
| NAME  |   |                                   | 2.2 N/       | AME   |                                  |   |                          |  |
| STREET ADDRESS                              |   |                                   | 2.3 ST       | REET  | ADDRESS                          |   |                          |  |
| CITY-ST-ZIP                                 |   |                                   | 1            |   | ST-ZIP                           |   |                          |  |
| TITLE                                       |   | DELETE                            | 3.1 16       | _   | J. 211                           |   | Cha                      | enge Addition  |

6.4 CITY-ST-ZIP

14. I do hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 33 panced or on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

**5.3 STREET ADDRESS** 

**6.3 STREET ADDRESS** 

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Secretary of State