

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000007885 (3)**

1. Corporation Name

BIO-TECH PEST PROTECTION SERVICES, INC.



Principal Place of Business

Mailing Address

**4833 POSEIDON PL
LAKE WORTH FL 33463**

**4833 POSEIDON PL
LAKE WORTH FL 33463**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/26/1995

4. FET Number

65-0577129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

4833 Poseidon PL

83.

84. City

Lake Worth

FL

85.

Zip Code

33463

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 *Maribel Brause, Treasurer*

3/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	☐ DELETE
NAME	D BRAUSE, RUSSELL II
STREET ADDRESS	18 SOUTHERN CROSS CIRCLE, APT. 102
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	☐ DELETE
NAME	D BRAUSE, MARIBEL
STREET ADDRESS	18 SOUTHERN CROSS CIRCLE, APT. 102
CITY-ST-ZIP	BOYNTON BEACH FL 33436
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	☒ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	4833 Poseidon PL
14. CITY-ST-ZIP	LAKE WORTH, FL 33463
2. TITLE	☒ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	4833 Poseidon PL
24. CITY-ST-ZIP	LAKE WORTH, FL 33463
3. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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), 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell E Brause II*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96

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