

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 # P95000039464 (9)

1. Corporation Name
E.V.M., INC.



Principal Place of Business

4800 S.W. 64TH AVENUE
SUITE 100
DAVIE FL 33314

Mailing Address

4800 S.W. 64TH AVENUE
SUITE 100
DAVIE FL 33314

3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

21 11306 N.W. 15th CT.

Suite, Apt. #, etc.

22 City & State

23 PEMBROKE PINES, FL

24 Zip 33026

25 Country U.S.

2a. Mailing Address

26 P.O. Box 292159

Suite, Apt. #, etc.

27 City & State

28 DAVIE, FL

29 Zip 33329-2159

30 Country U.S.

4. FEI Number

65-0647544

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

9. Name and Address of Current Registered Agent

KIROUAC, EDMOND
4800 S.W. 64TH AVENUE
SUITE 100
DAVIE FL 33314

10. Name and Address of New Registered Agent

81 Name

SAME

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

11306 N.W. 15 CT

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33026

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's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KIROUAC, EDMOND | |
| STREET ADDRESS | 10461 N.W. 18 DRIVE | |
| CITY - ST - ZIP | PLANTATION FL 33322 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KIROUAC, VIRGINIA | |
| STREET ADDRESS | 10461 N.W. 18 DRIVE | |
| CITY - ST - ZIP | PLANTATION FL 33322 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WELLER, MARINA | |
| STREET ADDRESS | 9384 N.W. 8 CIRCLE | |
| CITY - ST - ZIP | PLANTATION FL 33324 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------------|---|
| 1.1 TITLE | SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | 11306 N.W. 15 th CT. | |
| 1.4 CITY - ST - ZIP | PEMBROKE, FL 33026 | |
| 2.1 TITLE | SAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 11306 N.W. 15 th CT. | |
| 2.4 CITY - ST - ZIP | PEMBROKE PINES, FL 33026 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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:

Marina Weller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARINA
WELLER

4/19/96

934-5189
934-5189

CR2E034 (12/95)