

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 # P95000061426 (9)

1. Corporation Name

ENVIROSYS INTERNATIONAL, INC.



Principal Place of Business

4309 TYSON AVENUE
TAMPA FL 33611

Mailing Address

4309 TYSON AVENUE
TAMPA FL 33611

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 1335 NORTH B STREET

26 1335 NORTH B STREET

4. FEI Number

65-0599851

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

22 City & State

27 City & State

23 TAMPA FL

28 TAMPA FL

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

24 33606

25 USA

29 33606

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

PETER J. FORD

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

737 PINELAS BAYWAY SUITE 302

83

84 City

TIERRA VERDE

85

Zip Code

33715

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)

2-27-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
RICHMAN, MARC
STREET ADDRESS 4309 TYSON AVENUE
CITY-STATE-ZIP TAMPA FL 33611

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

1335 NORTH B STREET
TAMPA FL 33606

TITLE ☐ DELETE

NAME VD
ANDREANSKY, ALFONZ
STREET ADDRESS 4309 TYSON AVENUE
CITY-STATE-ZIP TAMPA FL 33611

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

1335 NORTH B STREET
TAMPA FL 33606

TITLE ☐ DELETE

NAME STD
FORD, PETER J
STREET ADDRESS 4309 TYSON AVENUE
CITY-STATE-ZIP TAMPA FL 33611

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

1335 NORTH B STREET
TAMPA FL 33606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. FORD

2-27-96

Date

(813) 258-3313

Daytime Phone #

CR2E034 (12/95)