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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061426 1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90211 050 ***150.00

| ENVINUS | STS INTERNATIONAL, INC. | | | | | | | |
|-------------------------------|---|-------------------------------------|-------------------|-------------------|--|-------------------------------------|---------------------|----|
| Principal Place | e of Business | Mailing Address | | | | (Beer 08:10 B (18) (18) (18) | 518 (1818 BIT) 1881 | |
| 1335 NORTH B | | 1335 NORTH B STREET | | | | | | |
| TAMPA FL 33606 TAMPA FL 33606 | | | | | DO NOT WRITE | IN THIS SPACE | | |
| US US | | | | | 3. Date Incorporated or Qualifed | IN THIS SPACE | | |
| | • | | | | 08/09/1995 | | { | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | |
| 21 5601 Air PORT Blud | | 26 5601 Airfort | BI | 19 | 65-0599851 | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | Additional | |
| 22 | | 27 | | | 4. Ourdicate on Otalias Society | | Required | |
| City & State | | City & State | FL | | 6. Election Campaign Financing | T | May Be | |
| 23 Tampa FL | | 28 TamPa | Zip Country | | Trust Fund Contribution | | d to Fees | |
| Zip 24 336 | 34 25 U.S | | | ັ ^ນ ເຣ | This corporation owes the current Personal Property Tax. | year intangible | Mo | |
| 24 336 | 9. Name and Address of Currer | | 301 | | 10. Name and Address of New Reg | istered Agent | | |
| - | | | 81 Name | 2 | | | | |
| RICHMAN, MARC | | | | 82 Street | Kichman Marc Address (P.O. Box Number is Not Acceptable | | | |
| 1335 NORTH B STREET | | | l | | Address (F.O. Box Holling Is Not Acceptable | ·, | | |
| , TAM | PA FL 33606 | | J | 83 | | | | |
| | • | | 1 | 84 City | | [85] Zi | p Code | |
| | | | | | rampa | ートレーリス | 3634 1 | |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.2508, Florida Statutes | s, the at | ove-named | corporation submits this statement for the purporation's board of directors. I hereby accept the | rpose of changing | its registered | |
| office or n | egistered agent, or both, in the State m familiar with and accept the obliga | ations of Section 607.0505, Flori | da Statu | ites. | oration's board of directors. Thereby accept the | i i | regionarea | |
| SIGNATURE | 4/h | | | _ | 3/ | 31/99 | i | |
| | Signature, typed or printed name of registered age | nt and title if applicable (NOTE: F | Registered 13. | Agent signature r | equired when reinstating) ADDITIONS/CHANGES TO OFFICE | PRS AND DIRECT | TORS IN 12 | é |
| 12. | PD OFFICERS A | DELETE | 1.1 TIT | LE | PD ASSIGNMENT OF STATE | Chang | | 7 |
| NAME . | RICHMAN, MARC | | 1.2 NA | | Richman, marc | | } | |
| STREET ADDRESS | 1335 NORTH B STREET | | | REET ADDRESS | 5601 AirBIT Blud | | ì | 1 |
| CITY-ST-ZIP | TAMPA FL | | | TY-ST-ZIP | Tampa FL 33634 | | | 3 |
| TITLE | VD | ☐ DELETE | 2.1 M | | VD | Chang | e Addition | 7 |
| NAME | ANDREANSKY, ALFONZ | | 2.2 NA | ME | ANDREAMSKY, ALFONZ | • | Ì | |
| STREET ADDRESS | JOSE MORTH D OTDEET | | 2.3 ST | REET ADDRESS | 5601 AIRPORT BIND | | Į | |
| CITY-ST-ZIP | TAMPA FL | | 2. 4 CI | TY-ST-ZIP | Tampa FL 33634 | | | |
| TITLE | | ☐ DELETE | 3.1 TT | TLE | , | Chang | e | ł |
| NAME | | | 3.2 NA | ME | | | | |
| STREET ADDRESS | | | 3.3 ST | REET ADDRESS | | | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4,1 TI | TLE. | | Chang | e Addition | ١. |
| NAME | | | 4. 2 N | | [| | . (| i |
| STREET ADDRESS | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | · | ☐ DELETE | _ | TY-ST-ZIP | | Chang | je ☐ Addition | - |
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| NAME | * | | | REET ADDRESS | | | 1 | |
| STREET ADDRESS | | | | TY-ST-ZIP | | | h | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TII | | | Chang | e Addition | |
| TITLE | ا و چو د معر سا | DESCRIE | 6.2 NA | | · | | | ļ |
| NAME STREET ADORESS | And the second | | | REET ADDRESS | | | ļ | |
| | | | | TY-ST-ZIP | | | | ĺ |
| CITY-ST-ZIP | t e e | | | | <u> </u> | | | 1 |

14. I 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 or Block 13 if changed. From an attachment with an address, with all other like empowered.

SIGNATURE: