

**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

**FILED**  
Feb 02 1996 8:00 am  
Secretary of State

DOCUMENT # **P95000084783 (6)**

1. Corporation Name

**EVERGLADES ENVIRONMENTAL CARE, INC.**



Principal Place of Business: **17350 PINES BOULEVARD, PEMBROKE PINES FL 33029**  
Mailing Address: **17350 PINES BOULEVARD, PEMBROKE PINES FL 33029**

3. Date Incorporated or Qualified: **11/02/1995**  
3a. Date of Last Report: **11/02/1995**  
4. FEI Number: **65-0625294**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28**  
24. Zip: **25** Country: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NEUERMAN, DONALD  
17350 PINES BOULEVARD  
PEMBROKE PINES FL 33029**

81. Name: \_\_\_\_\_  
82. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83. \_\_\_\_\_  
84. City: \_\_\_\_\_ **FL** 85. Zip Code: \_\_\_\_\_

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: *Donald Neuerman* **DONALD NEUERMAN** 1/26/96  
DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	President	<input type="checkbox"/> DELETE
NAME	Bosque, Thomas Del	
STREET ADDRESS	17350 Pines Blvd.	
CITY-STATE-ZIP	Pembroke Pines, FL 33029	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Neuerman, Donald (NEU not Nev)	
STREET ADDRESS	17350 Pines Blvd.	
CITY-STATE-ZIP	Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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, 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 in an attachment with an address.

SIGNATURE: *Thomas Del Bosque* **THOMAS DEL BOSQUE** 1/26/96 (954) 436-8600  
DATE: \_\_\_\_\_

CR2E034 (12/95)