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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33029-1507

3. Date Incorporated or Qualified: 11/02/1995
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business

21 911 NW 209th Ave

Suite, Apt. #, etc.

22 #125

City & State

23 Pembroke Pines, FL

Zip

24 33020

Country

25 USA

2a. Mailing Address

26 911 NW 209th Avenue

Suite, Apt. #, etc.

27 #125

City & State

28 Pembroke Pines, Florida

Zip

29 33020

Country

30 USA

4. FEI Number

65-0625394

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

NEUERMAN, DONALD
17350 PINES BOULEVARD
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: P BOSQUE, THOMAS DEL
NAME: BOSQUE, THOMAS DEL
STREET ADDRESS: 17350 PINES BLVD.
CITY-ST-ZIP: PEMBROKE PINES FL

TITLE: VP NEUERMAN, DONALD
NAME: NEUERMAN, DONALD
STREET ADDRESS: 17350 PINES BLVD.
CITY-ST-ZIP: PEMBROKE PINES FL

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:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: P
1.2 NAME: Del Bosque, Thomas
1.3 STREET ADDRESS: 911 NW 209th Ave #125
1.4 CITY-ST-ZIP: Pembroke Pines, FL 33020

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do 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, or on an attachment with an address.

SIGNATURE: Thomas Del Bosque

1/16/97

954-430-1787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)