## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000006208 (8)

ENVIRONMENTS FOR BUSINESS, INC.

Principal Place of Business

Mailing Address

## **FILED** May 08 1998 8:00am Secretary of State



614 S, PINE ST NEW SMYRNA BEACH FL 32169		PO BOX 1607 NEW SMYRNA BEACH FL 32170 US			DO NOT WRITE IN THIS SPACE		
:					Date Incorporated or Qualified     01/17/1996		
2. Principal Pl	ace of Business  Offee Blod	2a. Mailing Address 26			4. FEI Number 38-2857040	Applied Fo	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5, Certificate of Status Desired	\$8.75 Additional	,,
City & State	Sec. 10.34 (45-4-51)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 3016	Country	Zip	Countr <b>30</b>	у	This corporation owes or has paid the corporation owes.		
	g. Name and Address of Current R				10. Name and Address of New Registered		
OR	R, STEPHEN R		81	Name			
387	OTTER BLVD W SMYRNA BEACH FL 32168		82	Street Add	dress (P.O. Box Number is Not Acceptable)		-
· ***	W SMITHER DENOTITE DE 100		83				$\neg$
			84	City	F	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 regulered agent at	nd take 4 Japans able (NOTE	Registered As	ent signature requ	pirod when reinstating) DATE		-
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	!
TITLE	P	DELETE	1.1 TITLE			Change Add	ition
NAME	Orr, Stephen R		1.2 NAME				
STREET ADDRESS	387 OTTER BLVD		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL		1.4 C(TY-	ST-ZIP			į
TITLE	S	DELETE	2.1 TITLE			Change Add	ition
NAME	ORR, ROSEMARY		2.2 NAME				ı
STREET ADDRESS	3,97 OTTER BLVD		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL		2. 4 CITY -	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change Add	ition
NAME			3.2 NAME	1			1
STREET ADDRESS			3 3 STREE	T ADDRESS			
CITY-ST-ZIP			3 4. CITY-	S1 - Z(P			
TITLE	<del></del> ·	☐ DELETE	4.1 TITLE			Change Add	ition
NAME			4. 2 NAME				Į
STREET ADDRESS			4.3 STREE	T ADDRESS			1
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Add	lition
NAME			5.2 NAME				ŀ
STREET ADDRESS			5.3 STREE	T ADDRESS			\
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE	•	☐ DELETE	6.1 TITLE			Change Add	ition
NAME	•		6.2 NAME				
STREET ADDRESS	•		6.3 STREE	T ADDRESS			-
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. Thereby 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 trusted 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 accuracy.