

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 19 1997 8:00am  
Secretary of State

PROFIT* CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000058686 (2)**  
1. Corporation Name  
**DEERE ENVIRONMENTAL, INC.**

Principal Place of Business <b>1001 W. NEWPORT CENTER DR., STE. 109 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>1001 W. NEWPORT CENTER DR., STE. 109 DEERFIELD BEACH FL 33442</b>
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2. Principal Place of Business 21 <b>3101B NW 16TH TERR</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3101B NW 16TH TERR</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>07/11/1996</b>		3a. Date of Last Report	
22 City & State 23 <b>POMPANO BEACH FL</b>		27 City & State 28 <b>POMPANO BEACH FL</b>		4. FEI Number <b>65-0697609</b>		Applied For Not Applicable	
24 Zip <b>33064</b>		25 Country <b>USA</b>		29 Zip <b>33064</b>		30 Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>KOUGH, BEN A 1001 W. NEWPORT CENTER DR., STE. 109 DEERFIELD BEACH FL 33442</b>				10. Name and Address of New Registered Agent			
81 Name <b>KOUGH BEN A</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>3101B NW 16TH TERR</b>			
83				84 City <b>POMPANO BEACH</b>			
85 State <b>FL</b>				86 Zip Code <b>33064</b>			
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOUGH, BEN A 220 NE 8TH TERRACE DEERFIELD BEACH FL 33441</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)