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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P96000063812 (7)

EARTH IS EVERYBODY'S BUSINESS, INC.

## **FILED** May 13 1998 8:00am Secretary of State



| Principal Plac            | e of Business                                  | Mailing Address                                   |                                |   |                            |
|---------------------------|--|---|--------------------------------|---|----------------------------|
| RT 4 BOX 144 RT 4 BOX 144 |  |   |                                |   |                            |
| HAWTHORNE FL 32640        |  | HAWTHORNE FL 32640                                |                                | DO NOT WEST IN THE ORIGIN   |                            |
|                           |  |   |                                | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified   | OSTACE                     |
|                           |  |   |                                | 07/29/1996  |                            |
|                           | face of Business                               | 2a. Mailing Address                               |                                | 4. FEI Number   | Applied For                |
| 21                        |  | 26  |                                | 59-3395633  | Not Applicable             |
| Suite, Apt.               | #, etc.  | Suite, Apt. #, etc.                               |                                | 5. Certificate of Status Desired  | \$8.75 Additional          |
| 22                        |  | 27  |                                | a. Cermicate of Status Desired  | Fee Required               |
| City & State              |  | City & State                                      |                                | 6. Election Campaign Financing  | \$5.00 May Be              |
| <b>Z</b> ip               | Country  | 28 Zip  | Country                        | Trust Fund Contribution   | Added to Fees              |
| 24                        | 25   |   | 30                             | This corporation owes or has paid the corporation owes or has paid the corporation of the paid the corporation of the paid the corporation of the paid the corporation owes or has paid the corporation owes. | urrent year Intangible     |
| 241                       | 9, Name and Address of Curr                    |   | 301                            | 10. Name and Address of New Registered  |                            |
| PE                        | TERS, KEITH J                                  |   | 81 Name                        |   |                            |
| RT 4 BOX 144              |  |   | 82 Street Add                  | drago /D O. Dov Alimbar in Not Assessed in  |                            |
|                           | WTHORNE FL 32640                               |   | Street Add                     | dress (P.O. Box Number is Not Acceptable)   |                            |
|                           |  |   | 83                             | , , , , , , , , , , , , , , , , , , ,   |                            |
|                           |  |   | 84 City                        |   | Total Time Control         |
|                           |  |   | 64 City                        | FI  | 85 Zip Code                |
| 11. Pursuant              | to the provisions of Sections 607.0            | 502 and 607.1508, Florida Statute                 | s, the above-named co          | rporation submits this statement for the purpose  | of changing its registered |
| agent. I a                | m familiar with, and accept the ob             | figations of, Section 607.0505, Flo               | rida Statutes.                 | ation's board of directors. I hereby accept the ap  | pointment as registered    |
| SIGNATURE                 |  |   |                                |   | . <b>*1</b>                |
|                           | Signature, typod or printed name of registered | agent and title if applicable (NOTE NND DIRECTORS | Registered Agent signature req |   |                            |
| TITLE                     | PD   | DELETE  | 13.<br>1.1 TITLE               | ADDITIONS/CHANGES TO OFFICERS AN  | Change Addition            |
| NAME                      | PETERS, KEITH J                                |   | 1.2 NAME                       |   | ET CHANGE ET MORRIDI       |
| STREET ADDRESS            | RT 4 BOX 144                                   |   | 1.3 STREET ADDRESS             |   |                            |
| CITY-ST-ZIP               | HAWTHORNE FL                                   |   | 1.4 CITY - ST - ZIP            |   |                            |
| TITLE                     |  | DELETE  | 2.1 TITLE                      |   | ☐ Change ☐ Addition        |
| NAME                      |  |   | 2.2 NAME                       |   |                            |
| STREET ADDRESS            |  |   | 2.3 STREET ADDRESS             |   |                            |
| CITY-ST-ZIP               |  |   | 2. 4 CITY - ST - ZIP           |   |                            |
| TITLE                     |  | DELETE  | 3.1 TITLE                      |   | ☐ Change ☐ Addition        |
| NAME                      |  |   | 3.2 NAME                       |   |                            |
| STREET ADDRESS            |  |   | 3.3 STREET ADDRESS             |   |                            |
| CITY-ST-ZIP               |  |   | 3.4. CITY-ST-ZIP               |   |                            |
| TITLE                     |  | ☐ DELETE  | 4.1 TITLE                      |   | Change Addition            |
| NAME                      |  |   | 4.2 NAME                       |   |                            |
| STREET ADDRESS            |  |   | 4.3 STREET ADDRESS             |   |                            |
| CITY-ST-ZIP               | ***************************************        | T prieve  | 4 4 CITY-ST-ZIP                |   |                            |
| TATLE                     |  | DELETE  | 5.1 TITLE                      |   | Change  Addition           |
| NAME                      |  |   | 5.2 NAME                       |   |                            |
| STREET ADDRESS            |  |   | 5.3 STREET ADDRESS             |   |                            |
| CITY-ST-ZIP               |  | T AFLETE  | 5.4 CITY-ST-ZIP                |   |                            |
| TITLE                     |  | ☐ OELETE  | 6.1 TITLE                      |   | Change Addition            |
| NAME                      |  |   | 6.2 NAME                       |   |                            |
| STREET ADDRESS            |  |   | 6.3 STREET 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 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.