


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

FILED

Apr 03 1998 8:00am
Secretary of State

 PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # P97000025737 (2)

1. Corporation Name
FLORIDA WETLANDS MITIGATION, INC.



Principal Place of Business 1800 NORTH DOUGLAS ROAD SUITE 203 PEMBROKE PINES FL 33024	Mailing Address 1800 NORTH DOUGLAS ROAD SUITE 203 PEMBROKE PINES FL 33024
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 805 E. BROWARD BLVD Suite, Apt. #, etc. 22 #201 City & State 23 FT. LAUDERDALE FL Zip 24 33301 Country 25 BROWARD		2a. Mailing Address 26 805 E. BROWARD BLVD Suite, Apt. #, etc. 27 #201 City & State 28 FT. LAUDERDALE FL Zip 29 33301 Country 30 BROWARD		3. Date Incorporated or Qualified 03/21/1997	4. FEI Number 65-0736529 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAUTIN, LEW J 1800 NORTH DOUGLAS ROAD SUITE 203 PEMBROKE PINES FL 33024				10. Name and Address of New Registered Agent 81 Name LAUTIN, LEW J 82 Street Address (P.O. Box Number is Not Acceptable) 805 E. BROWARD BLVD 83 #201 84 City FT. LAUDERDALE FL 85 Zip Code 33301	

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, 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	D JOHN, DAVID L 1800 NORTH DOUGLAS ROAD, SUITE 203 PEMBROKE PINES FL 33024	<input type="checkbox"/> DELETE	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	D PLATT, GEORGE I III 450 EAST LAS OLAS BOULEVARD, SUITE 800 FORT LAUDERDALE FL 33301	<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 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:

3/18/98 934 1707

CR2E034 (10/97)