FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90037 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT

 Corporation 	1 Name			0						
ENVIRUI	VMENTAL PROPI	ENTIES, INC.				11881888				
Principal Place	e of Business		Mailing Add	ress		, , , , , , , , , , , , , , , , , , , ,	136 10211 10011 10011 10011 1001	IW 14801 BUIBU 1811 V	#1#1 (#13 1 40)	
2015 DELTA BL	.VD	2015 DELTA BLVD								
SUITE 203	EL 00000	SUITE 203					DO NOT WRITE IN THIS SPACE			
TALLAHASSEE FL 32303		TALLAHASSEE FL 32303				3 Date Incorno	rated or Qualifed			
						03/28/199				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			lied For	
21 49	10 Mara	NATOR 26 4910 Mahan Als.				59-34391	59-3439166 Not Applicat - \$8.75 Additional			
Suite, Apt. : 22	#,,etc	Suite, Apt. #, etc.			<u>-</u>	5. Certificate of	Status Desired	\$8.75 A		
City & State	la la sseq	7-1. Za Ta Ma Rassee, F/.				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Count	17/	Zip	9.6/ -	Country		tion owes the current year I		_	
24 3230		1.2.	29 323		0 42.	Personal Pro			□No	
	9. Name and Addr	ess of Current f	Registered Ag	jent		7, 10. Name and A	Address of New Registere	d Agent		
POO	TH, CHARLES M	•			81 Name	harles M	1. Dooth			
	DELTA BLVD	1			82 Street	Address (P.O. Box Num	ber is Not Acceptable)			
	E 203	!			83	910 Mac 1	lan Drive			
	_AHASSEE FL 3230	3			83					
IALL	THINDOLL I L DEGO	,			84 City	1/2 Passon		85 Zip C	ode 8	
		1		Electric Otention	10	(nara xe	etatement for the nurness	of changing its o	oristered	
11. Pursuant i	to the provisions of Se egistered agent, or bot	ctions 607.0502 a h, in the State of	and 607.1508, Florida. Such	change was aut	, the above-hamed the corpo	ration's board of directo	statement for the purpose ors. I hereby accept the app	ointment as reg	istered	
agent. I ai	m familiatr with, and ac	cept the obligatio	gs of, Section			noth- Se	eTreas.	3/2/10	20	
SIGNATURE	Signature, typed or printed nar	HOULL	nd title if applicable	CROAL	egistered Agent signature re		DATE	7/2//	'	
12.	* -	OFFICERS AND		(NOTE: N	13.		CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	
TITLE	D	 		DELETE	1.1 TITLE	Director		Change	Addition	
NAME	BOOTH, CHARLES	ŠМ			1.2 NAME	Charles	4. BOOTh		Ì	
STREET ADDRESS	2015 DELTA BLV	,			1.3 STREET ADDRESS	4910 Ma	e kan Nr.			
CITY-ST-ZIP	TALLAHASSEE FL	.*			1.4 CITY-ST-ZIP	Tallaka	4. Booth. 2. Ran Dr. 558e, F1. 3230	8		
TITLE	·, · · · · · · · · · · · · · · · · ·	(DELETE	2.1 TITLE	, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	☐ Change	☐ Addition	
NAME		1			2.2 NAME				l	
STREET ADDRESS		i			2.3 STREET ADDRESS					
CITY-ST-ZIP	-	1 .			2. 4 CITY-ST-ZIP	<u> </u>				
TITLE		<u> </u>		DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME.		!			3.2 NAME					
STREET ADDRESS		i			3.3 STREET ADDRESS					
CITY-ST-ZIP					3.4, CITY-ST-ZIP					
TITLE		· · · · · · · · · · · · · · · · · · ·		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	,	1			4. 2 NAME					
STREET ADDRESS					4.3 STREET ADDRESS					
CITY-ST-ZIP		1			4.4 CITY-ST-ZIP					
TITLE		 		DELETE	5.1 TITLE			☐ Change	Addition	
NAME		ŀ			5.2 NAME					

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 angual 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 attackment with an address, with all other literature were.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition