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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000045266

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

ENVIRONEASE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

6202 POMPANO STREET POMPANO BEACH GARDENS FL 33418

GARCIA, GARY M

Mailing Address

6202 POMPANO STREET

2a. Mailing Address

City & State Riviera

33404

Suite, Apt. #, etc.

26

27

28

29

POMPANO BEACH GARDENS FL 33418

3527 Avenue K

## **FILED** Mar 02, 1999 8:00 am **Secretary of State**

03-02-1999 90046 047 \*\*\*158.75

	)			
	DO NOT WRITE IN	THIS SPA	CE	
3.	Date Incorporated or Qualifed			
	05/19/1997			
4.	FEI Number		Applied For	
	65-0758558		Not Applicable	
5.	Certificate of Status Desired XIX	\${	\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
8.	This corporation owes the current ye	ear Intangib	ole	

Personal Property Tax.

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 82 6202 POMPANO STREET POMPANO BEACH GARDENS FL 33418 83 Zip Code 84 City 85

Beach, Fl

Country

USA

81 Name

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	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition				
NAME	BRISSON, DALE		1.2 NAME							
STREET ADDRESS	2815 HAMPTON CIRCLE, E		1.3 STREET ADORESS							
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP	<u> </u>						
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition				
NAME	GARCIA, GARY M		2.2 NAME							
STREET ADDRESS	6202 POMPANO STREET		2.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH GARDENS FL 33418		2.4 CITY-ST-ZIP							
TITLE		☐ DELETE	3.1 TITLE		Change	Addition				
NAME			3.2 NAME							
STREET ADORESS		·	3.3 STREET ADDRESS			. ]				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		<u> </u>					
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADORESS		•					
CITY-ST-ZIP			4 4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition				
NAME			5.2 NAME	,						
STREET ADDRESS			5.3 STREET ADDRESS			Ì				
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME			]				
STREET ADDRESS			6.3 STREET ADDRESS			}				
CITY-ST-ZIP			6.4 CITY-ST-ZIP		( ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )					

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 13 if changed, or on an attachment with an address, with all other like empowered.

South Vice President

1/26/99

561-845-8681

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