Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90122 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000055225

1. Corporation Name

STREET ADDRE 35

CITY-ST-ZIP

NATIONAL ENVIRONMENTAL FUNDING, INC.

Principal Place of Business Mailing Address							10:01 01101 01HE HOIO	19881 8131 1881
146 SECOND STREET NORTH #310 146 SECOND STREET NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						06/18/1998		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	Flied For
21		26				59 3518770	O No	ot Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75	
22		27				3. Certificate of Glatos Desired	Fee Re	xiuired
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust F und Contribution	Added t	to Fees
Zíp	Cour try	Zip	Count	ry		8. This corporation owes the current year		
24	25		30			Persor al Property Tax.	Yes	_ <u>⊠Ńo</u>
	9. Name and Address of Currer	nt Registered Agent	-	41	<u> </u>	10. Name and Address of New Registe	re a Agent	
HOD	OWITZ MITCHELL		8	1	Name			
HOROWITZ, MITCHELL I				2	Street Ac dre	ess (P.O. Bo> Number is Not Acceptable)	_	
501 EAST KENNEDY BOULEVARD			<u> </u>	_				
SUITE 1900 TAMPA FL 33602			8	3				
1 1-VIAI	PA FL 33002		8	4	City		85 Zip (Code
							FL S Z S	
11. Pursuant	to the provisions of Sections 607,050	02 and 607.1508, Florida State	tes, the about	ve-	-named corpo he corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	se of changing its ipt cintment as re	registered g stered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	orida Statute	es.	no obipanillo	,,		<u> </u>
SIGNATURE								
	Signature, typed or printed na ne of registered age		13.	ent :	signature required	d when reinstating) DAT		VIC IN 42
12.		OFFICERS AND DIRECTORS		_	———	ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	D DELETE			1.1 TITLE			Change	
NAME	CLEMMONS, F S		1.2 NAME					
STREET ADDRE 3S	146 SECOND STREET NORTH	#310			ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY		·ZIP		Change	Addition
TITLE	D DELETE		l	2.1 TITLE			Change	☐ Addition
NAME	KETCHUM, RUSSELL E		2.2 NAM					
STREET ADDRESS	146 SECOND STREET NORTH	l #310	2.3 STRE	ETA	ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33701		2. 4 CITY		-ZIP			- Addition
TITLE	D DELETE			3 1 TITLE			Change	☐ Addition
NAME	webb, william j		3.2 NAME	Ε				
STREET ADDRESS	146 SECOND STREET NORTH	#310	3.3 STRE	ET.A	ADDRESS			
CITY-\$T-ZIP	ST. PETERSBURG FL 33701		3.4. CITY	_	-ZIP			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition \
NAME			4. 2 NAM	Ε				
STREET ADDRESS			43 STRE	ET A	ADDRESS			
CITY-ST-ZIP			4,4 CITY-		-ZIP			A ddistan
TITLE		☐ DELETE	5 1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRE 3S					ADDRESS			
CITY-ST-ZIP			5.4 CITY		-ZIP			T A a distan
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAMI					
STREET ADDRESS			6.3 STRE	ET A	ADDRESS			

14. Therebi/ 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted of on an attachment with an address, with all other like empowered.

SIGNATURE:

6.4 CITY-ST-ZIP