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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$39045

(7)

ENVIRONEERS, INC.

FILED May 14 1997 8:00am Secretary of State



| Principal Flace | o Ol Diramess | Mading Addre | Mailing Address | | | | | |
|-----------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|---------------------|------------|--------------------|---------------------------------------------------------------------------------|------------------|-------------------|
| 5341 FRUITVILL 4152 WOODVIE SARASOTA FL US | W DR | 5341 FRUITVIL SARASOTA FL | | | | Date Incorporated or Qualified | Sa Dale of Le | sl Renort |
| 00 | | | | | | 3. Date Incorporated or Qualified 03/12/1991 3a. Date of Last Report 05/01/1996 | | |
| 2. Principal P | lace of Business | 2a. Mailing Ad | ddress | | | 4. FEI Number | 1 00,0 1, 100 | Applied For |
| 21 | 26 | | | | | 65-0252616 | ļ | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional | | |
| 22 | | 27 | | | | b. Certificate of Status Desired | Fe | e Required |
| City & State | | City & Sta | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| 23 | | 28 | | | · | Trust Fund Contribution | | ded to Fees |
| Zip | Country Zip | | <u>├</u> —¬ | Country | | 8. This corporation has liability for intangible tax under s. 199.032, | | |
| 24 1 | | 25 29 30 2. Name and Address of Current Registered Agent | | <u> </u> | | Florida Statutes Yes No 10. Name and Address of New Registered Agent | | |
| VD0 | | inour neglerated After | | 81 | Name | 10. Italiie and Address of Itaw Ne | listeren wäerit | |
| | TEC, JOHN T. | | | | | | | |
| 2551 WANETA DRIVE SARASOTA FL 34231 | | | | 82 | Street Add | Address (P.O. Box Number is Not Acceptable) | | |
| OMM | MOVIN FL 09601 | | | 83 | | | | |
| | | | | | | | | |
| | | | | 84 | City | | FL 85 | Zip Code |
| 11. Pursuant l | to the provisions of Sections 607 | 0502 and 607 1508 Fi | orida Statutes, the | above | -named corr | poration submits this statement for the p | | no its registered |
| office or re | egistered agent, or both, in the S | State of Florida, Such ch | nange was authoriz | zed by | the corpora | tion's board of directors. I hereby accep | t the appointmer | t as registered |
| | m raminar with, and accept the c | ibligations of Section of | or.0000, Florida Si | tatutes | | | | , |
| SIGNATURE | Signature, typed or printed name of registers | ed agent and title il applicable | (NOTE: Registe | ered Ape | nt signature requi | red when reinstating) | DATE | ——— |
| 12. | OFFICERS | AND DIRECTORS | 13 | 3. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | Р | | DELETÉ 1.1 | TITLE | | | Chai | nge 🔲 Addition 📙 |
| NAME | KROTEC, JOHN T | | 1.2 | NAME | | | | į. |
| STREET ADDRESS | 4152 WOODVIEW DR | | 1.3 | STREET | ADDRESS | | | 1 |
| CITY-ST-ZIP | SARASOTA FL | | | CITY-S | F - 71P | | | |
| TITLE | Ab. | Ц | • | TITLE | 1 | | L. Cha | nge |
| NAME | KROTEC, ANN | | 22 | NAME | | | | |
| STREET ADDRESS | 4152 WOODVIEW DR | | 23 | STREET | ADDRESS | | | |
| CITY - ST - ZIP | SARASOTA FL | | | 4 CHY-S | 1 - ZIP | | | |
| TITLE | | LJ | | TITLE | | | Chai | nge L Addition |
| NAME | | | | NAME | | | | ļ |
| STREET ADDRESS | | | | | ADDRESS | | | 1 |
| CITY-ST-ZIP | | | | L CITY - S | | | ☐ Cha | nge Addition |
| TITLE | | | | TITLE | • | | LI UNA | Ma The Woomay |
| NAME expert appares | | | | 2 NAME | ADDDERO | | | |
| STREET ADDRESS | | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | | CHTY-S | 1-ZIP | | Char | nge Addition |
| NAME | | | 1 | NAME | | | L., Cital | As Theoreas |
| STREET ADDRESS | | | | | ADDDECC | | | |
| 1 | | | | CITY-S | ADDRESS | | | ļ |
| CITY-ST-ZIP TITLE | | | | TITLE | -711, | | Char | nge Addition |
| NAME | | | | NAME | | 30000219 | 0633 | - Lag ridolooti |
| STREET ADDRESS | | | | | ADDRESS | 30000219 -05/27/970100 | 14014 | cs |
| CITY-ST-7IP | | | | LCHY-S. | | ***165.00 | | 5/14/97 |
| | | | | | | | | |

I do hereby certify that the information supplied with this filling 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 controlled in 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, from an attachment with an address.