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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CORPORATIONS							IONS		Beere	ar y	OI D	tate
D _i	OCUMEN Corporation Name GATOR ENVI		S50839 ENTAL SITEWO		(7)							
i				,,,,,								
5.4	and all Discussion and Discussion			AA-H A-I								
1	ncipal Place of Busi	iness		-	Mailing Address							
7290 WAELTI DR MELBOURNE FL 32940				7290 WAELTI DR MELBOURNE FL 32940								
US				US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
									04/30/1991	J		
2.	Principal Place of B	Business		2a. Mailing A	ddress	- 			4, FEI Number		Ar	oplied For
21	Oute And H Dan			26					59-3062910			ot Applicable
Suite, Apt. #, etc.				·	Suito, Apt. #, etc.				6. Certificate of Status Desired		\$8.75 A	Additional equired
_	City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23				28	 				Trust Fund Contribution Added to Fees			
	Zip	├	Country	Zip		Count	ſy		8. This corporation owes or has			
24	n Na	25 me and	Address of Curren	29 t Registered Age	ni	[30]			Personal Property Tax due Jur 10. Name and Address of New I			No
	WAELTI, R			<u></u>		8	1 Nam	9	101			
7290 WAELTI DR MELBOURNE FL 32940							2 Stree	t Addre	ess (P.O. Box Number is Not Accept	able)		
						8	3					
										FL	85 Zip	Code
11.	Pursuant to the pre	ovisions	of Sections 607.050;	2 and 607.1508, F	lorida Statu	tes, the abo	ve-name	d corpo	oration submits this statement for the on's board of directors. I hereby acc		<u>■ </u> of changing i	s registered
	office or registered agent. I am familia	d agent, ar with, a	or both, in the State nd accept the obliga	of Florida. Such c itions of, Section (hange was 607. 989 5, Fl	authorized l orida Statut	by the co es.	rporatio	on's board of directors. I hereby acc	ept the app	pointment as	registered
SIG	NATURE KIC	K U	AEUTI		14	w		\geq		1/16/	98	
12.		typed or pri	of FTCERS AND		(NO.	TE: Registered A	gent signatu	re require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIRECTOR	OC INI 12
TITL					DELETE	1.1 TITLE		T	ADDITIONS/OTIANGED TO OFF	IOENO AINE	Change	Addition
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STR		WAEL				1.3 STRE	et addres s	:]				
CITY		BOURN	E FL 32940		DELETE	1,4 CITY-		 			Change	Addition
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	EET ADDRESS						E1 address			*		
CITY	-ST-ZIP					2. 4 CITY	- ST- 21P	Ţ				
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NAM						3.2 NAME						
	EET ADORESS						ET ADDRESS	'				
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	-ST-ZIP				DELETE	4.4 CITY-		 			05	Appare
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	EET ADDRESS						T ADDRESS					
-	-ST-ZIP					5.4 CITY -						
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NAM	, ,					6.2 NAME		1				
STRI	EET ADDRESS					6.3 STREE	T ADDRESS	. 1				

6.4 CITY - ST - ZIP

14. Thereby 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 tegal 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, in I'm an attachment with an address.

FILED

Apr 24 1998 8:00am

Secretary of State