FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S65341** **(7)**

1. Corporate Name

ENVIROCOM, INC.

Principal Place of Business

3839 4TH STREET NORTH
SUITE 400
ST PETERSBURG FL 33703

Mailing Address

3839 4TH STREET NORTH
SUITE 400
ST PETERSBURG FL 33703

2. Principal Place of Business
21.
22. Street Address
23. City & State
24. Zip 25. County

2a. Mailing Address
26.
27. Street Address
28. City & State
29. Zip 30. County

3. Date Incorporated or Qualified: **07/08/1991**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-3072387**

Applied For
Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation was liability for intangible tax under S. 199.032, Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

EDWARDS, WILLSON O.
3839 4TH STREET NORTH
SUITE 400
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Section 607.0501 and 607.0505, 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. The above name has been designated 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

12 OFFICERS AND DIRECTORS

1.	PSD HITCH, P. DOUGLAS 819 24TH AVE N ST PETERSBURG FL	[ ] DELETE
2.	VTD EDWARDS, WILLSON O 400 64TH AVE. PH-F ST PETERSBURG FL	[ ] DELETE
3.		[ ] DELETE
4.		[ ] DELETE
5.		[ ] DELETE
6.		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12

1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP		[ ] Change [X] Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	33704	[ ] Change [X] Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	33706	[ ] Change [ ] Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP		[ ] Change [ ] Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP		[ ] Change [ ] Addition
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP		[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.0122, Florida Statutes. I further certify that each officer and director listed in this annual report/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 12 or Block 13 if changed or added by amendment with an address.

SIGNATURE: *Willson O. Edwards* **01/19/96** **813-821-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)