


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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S65341 (7)			
1. Corporation 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 33703-8112	
2. Principal Place of Business 21 12910 Automobile Blvd. Suite, Apt. #, etc. 22 Unit K City & State 23 Clearwater, FL Zip 24 34622		2a. Mailing Address 26 Same As # 2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	
3. Date Incorporated or Qualified 07/08/1991		3a. Date of Last Report 01/26/1996	
4. FEI Number 59-3072387		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Edwards, Willson O. 82 Street Address (P.O. Box Number is Not Acceptable) 12910 Automobile Blvd., Unit K 83 84 City Clearwater FL 85 Zip Code 34622	
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 <i>Willson O. Edwards</i> Willson O. Edwards		DATE 1/9/97	
12. OFFICERS AND DIRECTORS			
TITLE	PSD	<input type="checkbox"/> DELETE	
NAME	HITCH, P. DOUGLAS		
STREET ADDRESS	819 24TH AVE N		
CITY-ST-ZIP	ST PETERSBURG FL		
TITLE	VTD	<input type="checkbox"/> DELETE	
NAME	EDWARDS, WILLSON O		
STREET ADDRESS	400 84TH AVE. PH-F		
CITY-ST-ZIP	ST PETERSBURG FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 12 or Block 13 unchanged, or on an attachment with an address.			
SIGNATURE: <i>Willson O. Edwards</i> Willson O. Edwards		DATE 1/9/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-561-7659	

CR2E034 (9/96)