

**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

APPROVED AND FILED

96 JAN 23 PM 2: 57

DOCUMENT # **S77025** (2)

1. Corporation Name

**FLORIDA ENVIRONMENTAL EXCAVATORS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

14030 MUSTANG TRAIL  
DAVIE FL 33330

Mailing Address

14030 MUSTANG TRAIL  
DAVIE FL 33330

3. Date Incorporated or Qualified  
08/29/1991

3a. Date of Last Report  
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0293704

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOVIK, JOHANNES  
14030 MUSTANG TRAIL  
DAVIE FL 33330

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

700001708007  
-02/06/96--01094--004  
\*\*\*\*200.00 \*\*\*\*200.00

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

Signature typed or printed (Name of registered agent, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: ~~D~~ ~~SOVIK, BIDGER~~ ~~14030 MUSTANG TRAIL~~ ~~DAVIE FL~~  DELETE

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: ~~D~~ ~~SOVIK, JOHANNES~~ ~~5201 SW 186 AVE.~~ ~~FT. LAUDERDALE FL 33332~~  DELETE

2.1 TITLE: **PRESIDENT**  Change  Addition  
2.2 NAME: **JOHANNES SOVIK**  
2.3 STREET ADDRESS: **5201 SW 186 Ave. Ft. Laud Fl 33332**

TITLE:  DELETE

3.1 TITLE: **SECRETARY TREASURER**  Change  Addition  
3.2 NAME: **SUZANNE ZAFFINO**  
3.3 STREET ADDRESS: **321 SW 87 way**  
3.4 CITY - ST - ZIP: **COOPERCITY, FL**

TITLE:  DELETE

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE:  DELETE

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE:  DELETE

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Johannes Sovik 1-17-96 434-7404

CR2E034 (12/95)