FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # \$86224

(0)

1. Corporation I C.B.G. E	Name INVIRONMENTAL, INC.	(-7				
Principal Place of	of Business	Mailing Address				II Magas dedai diqii dedii ibdi
601 BAYSHORE BLVD 601 BAYSHORE BLVD						
STE 600		STE 600	STE 600 TAMPA FL 33609			
TAMPA FL 33609 US		US				Oate of Last Report 05/01/1995
2. Principal Plac	on of Business	2a. Mailing Address		4. FEI Number	Applied For	
1		26	¬ ~ ~		59-3090624	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27				Fee Required
City & State		City & State	– , ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country		28 Zin	Zip Country		This corporation has liability for intangible tax under s 199.032,	
Ζίρ [4]	25 29		30		Florida Statutes Yes No	
~!	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent
				81 Name		
	ROBERT B		82 Street Add		ress (P.O. Box Number is Not Acceptable)	
601 BAYS	SHORE BLVD					
STE 600				83		
TAMPA FL 33609			1			85 Zip Code
	007.0503	and 607 1509. Florida Statutos	the abo	to parmed corns	pration submits this statement for the purpose of	
or registere familiar with	od agent, or both, in the State of Florich, and accept the obligations of, Section	da. Such change was authorized	d by the c	orporation's boa	ard of directors. I hereby accept the appointmen	t as régistered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and the if applicable (NOTE	E: Registered	Agent signature requir		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD DODEST	☐ DELETE	1 1 11			Change Addition
NAME	Greene, robert B. 601 Bayshore BLVD Ste 60	w	1.2 N/			
STREET ADDRESS	TAMPA FL	N		REET ADDRESS		
CITY-ST-ZIP TITLE	IAM ATE	[] DELETE	2 1 TI	TLE		Change Addition
NAME			2 2 NA	.ME		
STREET ADDRESS			2351	REET ADDRESS		
CITY-ST-ZIP			2 4 C	TY-ST-ZIP		
TITLE	DELETE 3		3 1 T	TLE		Change Addition
NAME			3.2 N/			
STREET ADORESS				FREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4 CI	TY-ST-ZIP		Change Addition
TITLE			4. L I			
NAME STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	5 1 1			☐ Change ☐ Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	REET ADDRESS		
CITY-ST-ZIP	1-41-41	P** 0.5. CEP		TY - ST - ZIP		☐ Change ☐ Addition
TITLE		DELETE	6.1T			☐ Change ☐ Addition
NAME			6.2 N	i		
STREET ADDRESS				IREET ADDRESS		
14. I do hereb	I y certify that the information supplied	with this filing is voluntarily furnis	chad and	does not qualify	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that oath; that	the information indicated on this ann Lam an officer or director of the corp	istropod or eupolomawzal anni	ia: reporti e empowe	s true and accu	rrate and that my signature shall have the same I this report as required by Chapter 607, Florida S	egal ellect as il made di loci
SIGNAT	URE: Senatural And S	PRINTER HAME OF SIGNING OFFICE	R OR DIREC	TOR	4-29-96 (813) 2	58-8350 Daytime Phone #