

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

**APPROVED AND FILED**

**95 FEB 20 PM 2:40**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V09295 (9)**  
1. Corporation Name  
**ENVIRONMENTAL PROPERTY AUDITS, INC.**

Principal Place of Business Mailing Address  
**12700 BISCAYNE BLVD.  
STE. 303  
N. MIAMI FL 33181  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	01/27/1992	02/17/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		65-0312031	Not Applicable
23	24	28	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**WOOD, BYRON R.  
12700 BISCAYNE BLVD.  
STE. 303  
N. MIAMI FL 33181**

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 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

Corporation, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	WOOD, BYRON R.
STREET ADDRESS	12555 BISCAYNE BLVD.
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	VP
NAME	SCHULER, ROBERT H.
STREET ADDRESS	270 N.E. 123TH STREET
CITY - ST - ZIP	N. MIAMI FL
TITLE	ST
NAME	WOOD, DONNA M.
STREET ADDRESS	12555 BISCAYNE BLVD #480
CITY - ST - ZIP	N. MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT
1.2 NAME	WOOD, BYRON R.
1.3 STREET ADDRESS	12700 BISCAYNE BLVD - SUITE 303
1.4 CITY - ST - ZIP	N. MIAMI, FL 33181
2.1 TITLE	VP PRESIDENT
2.2 NAME	SCHULER, ROBERT H.
2.3 STREET ADDRESS	12700 BISCAYNE BLVD. - SUITE 303
2.4 CITY - ST - ZIP	N. MIAMI, FL 33181
3.1 TITLE	SEC/TREAS.
3.2 NAME	MCKIBBIN, DONNA
3.3 STREET ADDRESS	12700 BISCAYNE BLVD - SUITE 303
3.4 CITY - ST - ZIP	N. MIAMI, FL 33181
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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\*\*\*\*200.00 \*\*\*\*200.00

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 as an attachment with an address.

SIGNATURE: *Byron R. Wood* BYRON R. WOOD 2/10/95 305-895-9788