

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V09295 (9)**

1. Corporation Name
ENVIRONMENTAL PROPERTY AUDITS, INC.



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

3. Date Incorporated or Qualified: **01/27/1992**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **65-0312031**
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country
29 Zip
30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
(NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WOOD, BYRON R.	
STREET ADDRESS	12700 BISCAYNE BLVD. STE. 303	
CITY- ST- ZIP	N. MIAMI FL 33181	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHULER, ROBERT	
STREET ADDRESS	12700 BISCAYNE BLVD. STE. 303	
CITY- ST- ZIP	N. MIAMI FL 33181	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCKIBBIN, DONNA	
STREET ADDRESS	12700 BISCAYNE BLVD. STE. 303	
CITY- ST- ZIP	N. MIAMI FL 33181	
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 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: *Donna McKibbin* (Donna MCKIBBIN) 1-26-96 (305) 895-9788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)