

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

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

Principal Place of Business: **12700 Biscayne Blvd SUITE 303 N. MIAMI, FL 33181**
Mailing Address: **12700 Biscayne Blvd. SUITE 303 N. MIAMI, FL 33181**

3. Date Incorporated or Qualified: **01/27/1992**
3a. Date of Last Report: **1-29-96**
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

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

9. Name and Address of Current Registered Agent
**WOOD, BYRON R.
12700 BISCAYNE BLVD,
SUITE 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
85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when changing filing date)

12. OFFICERS AND DIRECTORS

TITLE	P WOOD, BYRON R <input type="checkbox"/> DELETE
NAME	12700 Biscayne Blvd STE 303
STREET ADDRESS	N MIAMI, FL 33181
CITY - ST - ZIP	
TITLE	V HANSKAT, JAMES <input type="checkbox"/> DELETE
NAME	12700 BISCAYNE BLVD. STE 303
STREET ADDRESS	N. MIAMI, FL 33181
CITY - ST - ZIP	
TITLE	Donna McCall <input type="checkbox"/> DELETE
NAME	12700 Biscayne Blvd Ste 303
STREET ADDRESS	N Miami FL 33181
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	700001778147
53 STREET ADDRESS	-04/12/96--01028--034
54 CITY - ST - ZIP	***61.25
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	411-96512
64 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 McCall** **4-3-96** **(305) 895-9788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)