


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0074

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90157 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V24152					
1. Corporation Name CERTIFIED ENVIRONMENTAL PROPERTY AUDITS, INC.					
Principal Place of Business 160 CIRCLE DRIVE MAITLAND FL 32751		Mailing Address 160 CIRCLE DRIVE MAITLAND FL 32751			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1992	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3123833	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOLDBERG, HENRY B. 1421 SUNNYSIDE DRIVE MAITLAND FL 32751			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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small> <small>DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PTD GOLDBERG, HENRY B.			2. NAME		
STREET ADDRESS 1421 SUNNYSIDE DRIVE			3. STREET ADDRESS		
CITY-ST-ZIP MAITLAND FL			4. CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME VSD GOLDBERG, JOAN P.			22. NAME		
STREET ADDRESS 1421 SUNNYSIDE DRIVE			23. STREET ADDRESS		
CITY-ST-ZIP MAITLAND FL			24. CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			32. NAME		
STREET ADDRESS			33. STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42. NAME		
STREET ADDRESS			43. STREET ADDRESS		
CITY-ST-ZIP			44. CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52. NAME		
STREET ADDRESS			53. STREET ADDRESS		
CITY-ST-ZIP			54. CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62. NAME		
STREET ADDRESS			63. STREET ADDRESS		
CITY-ST-ZIP			64. CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 15, 1999

Date

Duration Phone #

407-647-8700
407-628-4405

CR2E034 (11/98)