

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 # **F94000006135 (7)**

1. Corporation Name
ADVENT ENVIRONMENTAL, INC.



Principal Place of Business: SUITE 250, 303 N. HURSTBOURNE, LOUISVILLE KY 40222
Mailing Address: SUITE 250, 303 N. HURSTBOURNE, LOUISVILLE KY 40222

3. Date Incorporated or Qualified: 12/01/1994
3a. Date of Last Report: 02/24/1995

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City, State, Zip, and Country.

4. FEI Number: NOT APPLICABLE
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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	SELLERS, MARK A	
STREET ADDRESS	7603 DEER MEADOW DRIVE	
CITY-ST-ZIP	LOUISVILLE KY 40241	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TAYLOR, D. HUGH	
STREET ADDRESS	8003 ASHDOWNE COURT	
CITY-ST-ZIP	PROSPECT KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIETSCH, LARRY J	
STREET ADDRESS	9306 FELSMORE CIRCLE	
CITY-ST-ZIP	LOUISVILLE KY 40241	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BALLARD, WANDA K	
STREET ADDRESS	2100 STONY BROOK DRIVE	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMOAK, JEFFREY C	
STREET ADDRESS	5470 CORDOVA ROAD	
CITY-ST-ZIP	COPE SC	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	9306 Felsmere Court
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	4108 Waterford Circle #10
43 STREET ADDRESS	Louisville Ky 40207
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	200001781512
53 STREET ADDRESS	04/16/96--01019--013
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	***208.75
63 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Wanda K. Ballard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Wanda K. Ballard**

2/7/96
502-429-8001
Date: _____

CR2E034 (12/95)

2/7-15-96