

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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90021 043 \*\*\*550.00

03/20/06

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J85625**

1. Corporation Name  
**ENVIRONMENTAL TECHNOLOGY CONTROL, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 % WILLIAM MARONET  
 502 PALM STREET. #21  
 WEST PALM BEACH FL 33401

Mailing Address  
 % WILLIAM MARONET  
 502 PALM STREET. #21  
 WEST PALM BEACH FL 33401

3. Date Incorporated or Qualified  
**08/05/1987**

2. Principal Place of Business  
 21 **2921 N. Australian Ave**  
 Suite, Apt. #, etc.

2a. Mailing Address  
 26 **2921 N. Australian Ave**  
 Suite, Apt. #, etc.

4. FEI Number  
**65-0070581**

Applied For  
 Not Applicable

22  
 23 **West Palm Beach, FL**  
 City & State

27  
 28 **West Palm Beach, FL**  
 City & State

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 **33407** 25  
 Zip Country

29 **33407** 30  
 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARONET, WILLIAM**  
**598 ANCHORAGE DRIVE**  
**NORTH PALM BEACH FL 33408**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARONET, WILLIAM	1.2 NAME	
STREET ADDRESS	598 ANCHORAGE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARONET, CYNTHIA D	2.2 NAME	
STREET ADDRESS	598 ANCHORAGE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an other like empowered.

SIGNATURE: DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (11/98)