


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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90114 044 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K51636</b>					
1. Corporation Name <b>ENVIRONMENTAL CARE, INC. (EII)</b>					
Principal Place of Business <b>24121 VENTURA BLVD CALABASAS CA 91302 US</b>		Mailing Address <b>24121 VENTURA BLVD CALABASAS CA 91302 US</b>			
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/15/1988</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>95-4194223</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>25</b>		Country <b>30</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, BRUCE K.		1.2 NAME		
STREET ADDRESS	24121 VENTURA BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSE, DAVID B.		2.2 NAME		
STREET ADDRESS	24121 VENTURA BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPERBER, BURTON S.		3.2 NAME		
STREET ADDRESS	24121 VENTURA BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OYLER, THOMAS L.		4.2 NAME		
STREET ADDRESS	4777 OLD WINTER GARDEN ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARK, PAMELA S.		5.2 NAME		
STREET ADDRESS	24121 VENTURA BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA		5.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GARRUTO, ANTHONY		6.2 NAME	See attached	
STREET ADDRESS	24121 VENTURA BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CALABASAS CA		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 all other like empowered.

SIGNATURE:  Pamela S. Stark 1/25/99 818-223-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

183407-90114-44  
K51636

OFFICERS AND DIRECTORS

TITLE	V
NAME	Jeffrey H. McKinley
STREET ADDRESS	2440 Church Road S.E.
CITY-ST-ZIP	Smyrna, GA 30080

TITLE	V
NAME	W. Keith O'Dell
STREET ADDRESS	1854 West Road
CITY-ST-ZIP	Jacksonville, FL 32216

TITLE	V
NAME	Keith Wilson
STREET ADDRESS	9714 Palm River Road
CITY-ST-ZIP	Tampa, FL

TITLE	V
NAME	Gary Tungate
STREET ADDRESS	4777 Old Winter Garden Road
CITY-ST-ZIP	Orlando, FL 32811