


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

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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K89084 (3)
 1. Corporation Name
ENVIRONMENTAL SYSTEMS MANAGEMENT, INC.



Principal Place of Business C/O THOMAS A. BRISLIN 6542 HWY 41 SOUTH, SUITE 200 APOLLO BEACH FL 33572	Mailing Address C/O THOMAS A. BRISLIN 6542 HWY 41 SOUTH, SUITE 200 APOLLO BEACH FL 33572-1705
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3. Date Incorporated or Qualified 05/18/1989	3a. Date of Last Report 02/23/1996
4. FEI Number 59-2954252	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 111 Flamingo Drive Suite, Apt. #, etc. 22 Suite B City & State 23 Apollo Beach, FL	2a. Mailing Address 26 6513 King Palm Way Suite, Apt. #, etc. 27 City & State 28 Apollo Beach FL Zip 24 33572 Country 25 USA
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9. Name and Address of Current Registered Agent BRISLIN, THOMAS A. 6513 KING PALM WAY APOLLO BEACH FL 33570	10. Name and Address of New Registered Agent 81 Name Brislin, Marilyn S. 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 33572
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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 607.0405, Florida Statutes.

SIGNATURE: *Thomas A. Brislin* *Marilyn S. Brislin* **2/17/97**
 Signature Type: 1 or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME BRISLIN, THOMAS A.	
STREET ADDRESS 6513 KING PALM WAY	
CITY-ST-ZIP APOLLO BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME BRISLIN, MARILYN S.	
STREET ADDRESS 6513 KING PALM WAY	
CITY-ST-ZIP APOLLO BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	
1.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE Kratz/Koff, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS 2023 Helm Lane	
3.4 CITY-ST-ZIP Valrico, FL 33594	
4.1 TITLE Lentz, Timothy D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS P.O. Box 2276 N/A	
4.4 CITY-ST-ZIP Lakeland, FL 33806	
5.1 TITLE Scheider, Joseph	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS 2814 Cocoa Lane	
5.4 CITY-ST-ZIP Apollo Beach, FL 33572	
6.1 TITLE Keuper, Kurt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS 1950 Churchview Drive	
6.4 CITY-ST-ZIP Brookfield, WI 53005	

14. I do 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, on an attachment with an address.

SIGNATURE: *Thomas A. Brislin* **2/17/97** **813-641-061**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)