


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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90051 020 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K89084

1. Corporation Name
ENVIRONMENTAL SYSTEMS MANAGEMENT, INC.



Principal Place of Business 111 FLAMINGO DRIVE SUITE B APOLLO BEACH FL 33572 US	Mailing Address 6513 KING PALM WAY APOLLO BEACH FL 33572 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 05/18/1989	Applied For Not Applicable
4. FEI Number 59-2954252	
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRISLIN, MARILYN S
6513 KING PALM WAY
APOLLO BEACH FL 33572

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRISLIN, THOMAS A.	
STREET ADDRESS	6513 KING PALM WAY	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BRISLIN, MARILYN S.	
STREET ADDRESS	6513 KING PALM WAY	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	CET	<input checked="" type="checkbox"/> DELETE
NAME	KRATZKOFF, JOSEPH	
STREET ADDRESS	2023 HELM LANE	
CITY-ST-ZIP	VALRICO FL 33954	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LENTZ, TIMOTHY D	
STREET ADDRESS	POST OFFICE BOX 2296 N/A	
CITY-ST-ZIP	LAKELAND FL 33806	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	SCHEIDER, JOSEPH	
STREET ADDRESS	3814 COCOA LAND	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KEUPER, KURT	
STREET ADDRESS	1950 CHURCHVIEW DRIVE	
CITY-ST-ZIP	BROOKFIELD WI 53005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Thomas A. Brislin* SIGNATURE REQUIRED *CEO* 1/20/99 813641-1261

CR2E034 (11/98)