

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 30 AM 9:11

DOCUMENT # **P94000084546 (8)**

1. Corporation Name  
**ADOTEK ENVIRONMENTAL PRODUCTS, INC.**

Principal Place of Business      Mailing Address  
**41 WINDSOR LN**                              **41 WINDSOR LN**  
**PALM BEACH GARDENS FL 33418**                              **PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/16/1994**

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

4. FEI Number      Applied For  
**65-0586756**      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. 109.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**NOBLE, GALE**  
**41 WINDSOR LN**  
**PALM BEACH GARDENS FL 33418**

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      Signature typed or printed name of registered agent and title if applicable      NOTE: Registered Agent signature required when re-registering      DATE

12. OFFICERS AND DIRECTORS

|                 |                                    |
|-----------------|------------------------------------|
| TITLE           | <b>D</b>                           |
| NAME            | <b>NOBLE, GALE</b>                 |
| STREET ADDRESS  | <b>41 WINDSOR LN</b>               |
| CITY - ST - ZIP | <b>PALM BEACH GARDENS FL 33418</b> |
| TITLE           | <b>D</b>                           |
| NAME            | <b>MILTON, PHILIP</b>              |
| STREET ADDRESS  | <b>55 WINDSOR LN</b>               |
| CITY - ST - ZIP | <b>PALM BEACH GARDENS FL 33418</b> |
| TITLE           | <b>D</b>                           |
| NAME            | <b>PADVA, ALEXANDER</b>            |
| STREET ADDRESS  | <b>7591 ANDORRA PL</b>             |
| CITY - ST - ZIP | <b>BOCA RATON FL 33433</b>         |
| TITLE           |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| TITLE           |                                    |
| 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 |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 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 110.07(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 in this report or on an attachment with an address.

SIGNATURE: *Gale Lorea Noble*      **Gale Lorea Noble**      **5-5-95**      **407-625-5471**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)