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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P96000072145**

ENVIRONMENTAL TECHNOLOGIES AND SOLUTIONS, INC.

Principal Place of Business Mailing Address					I (BACCAN) TO THE AND A STATE ABOVE A		)1814 81881 8181 1881
12700 BISCAYNE BLVD		12700 BISCAYNE BLVD					
STE 205 -4-401		STE- <del>200-</del> # 401		DO NOT WRITE IN THIS SPACE			
N MIAMI FL 33181 US		n miami FL 3318† US		3. Date Incorporated or Qualifed			
00		00			08/27/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0699080		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-				75 Additional
22		27			5. Certificate of Status Desired	-J Fe	e Required
City & Stat	te ·	City & State			6. Election Campaign Financing		.00 May Be
23		28			Trust Fund Contribution	Ad-	ded to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current		
24	25		30		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Curro	ent Registered Agent	8	1 Name	10. Name and Address of New Reg	istered Agent	<del></del>
MCK	KIBBIN, DONNA		"				
	00 BISCAYNE BLVD		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
	275 401		8:				
	IAMI FL 33181		"	1			'
14 17	15 MM 1 E 00 10 1		84	4 City		FL 85	Zip Code
44 0	A At a seciology of Captions 607.06	EOO and 607 1509 Florida Statute	ns the above	ve-named co	poration submits this statement for the pu	1 1	a its registered
office or i	registered agent, or both, in the Stat	te of Florida. Such change was a	uthonzed by	y the corpora	tion's board of directors. I hereby accept the	he appointment	s registered
agent. I a	am ramiliar with, and accept the obig	gations of, Section 607.0505, Flor	rida Statute	<b>S</b> .			ì
agent. I a SIGNATURE		•		·\$.	ired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered as	•		·\$.	red when reinstating)  ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
. 0	Signature, typed or printed name of registered as	gent and title if applicable (NOTE:	Registered Age	S. ent signature requi			
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A D MCKIBBIN, DONNA 12700 BISC BLVD STE 208 MIAMI FL D	gent and title if applicable (NOTE: AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY-	S. ent signature requi		CERS AND DIRE	inge Addition
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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 changes or on an attachment with an address with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP