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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S09906

(6)

ENVIRO	NMENTAL RESEARCH AI	ND TECHNOLOGY, INC.			
Principal Place of Business 1674 KAUAI CT GULF BREEZE FL 32561 US		Mailing Address 1674 KAUAI CT GULF BREEZE FL 32561 US		DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified 10/23/1990	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<del></del>	26		54-1510817	Not Applicable
Suite, Apt		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution  B. This corporation owes or has paid the	Added to Fees
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr		1	10. Name and Address of New Register	ed Agent
	RDIS, H. MICHAEL		81 Name		
1674 KAUAI CT. GULF BREEZE FL 32561				ress (P.O. Box Number is Not Acceptable)	
	•		83		
			84 City	<b>F</b>	85 Zip Code
11. Pursuant I office or re agent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the ob-	502 and 607.1508, Florida Statutille of Florida, Such change was a gations of, Section 607.0505, Florida	es, the above-named corp authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	
SIGNATURE					
12.	Signature, typed or profind name of registered.  OFFICERS A	IND DIRECTORS	E: Registered Agent signature requi	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	TOP	DELETE	1.1 TITLE	ABBITION OF THE ETO A	Change Addition
NAME	MARDIS, SUE ANN		1.2 NAME		
STREET ADDRESS	1674 KAUAI CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP		]
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		[] DELETE	4.1 TiTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		}
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		r"↑ nere1e	51 TITLE 52 NAME		☐ Change ☐ Addition
STREET ADDRESS			<b>1</b>		
1			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-\$T-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		THE PROPERTY IN
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 suppliemental 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.

SIGNATURE.

Du Grand Mccal

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850 932.3680

**FILED** 

May 06 1998 8:00am

Secretary of State