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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

24

DOCUMENT #

F92000000257 (7)

ENTEK ENVIRONMENTAL & TECHNICAL SERVICES, INC.

Principal Place of Business Mailing Address 125 DEFREEST DR. 125 DEFREEST DR. **TROY NY 12180** TROY NY 12180 3. Date Incorporated or Qualified 3a. Date of Last Report 11/16/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 14-1667833 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28

\$5.00 May Be Trust Fund Contribution Γ Added to Fees Zip Zø Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes ☐ Yes XNo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SNYDER, MICHAEL **B2** Street Address (P.O. Box Nurriber is Not Acceptable) 2324 SO CONGRESS AVE UNIT 1J W PALM BCH FL 33406 83 84 City 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 familiar with, and accept the obligations of, Section 607,0705, Florida Statutes.

Koger G Morse 1 Resident name of regionered agent and the diagrah abid DATE 12 OFFICERS AND DIFFECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSD** THILE DELETE 1 1 1 TUE Add-tion NAME MORSE, ROGER G SNAKE HILL RD., R.R. #1, BOX 1531 STREET ADDRESS 1.3 STREET ADDRESS POESTENKILL NY CITY - ST - ZIP 14 01"Y - S1 ZIP **VID** TITLE DELETE 2 1 TITLE ☐ Change Addition NAME SAWYER, ROBERT N M 2.2 NAME 149 PROSPECT AVE. STREET ADDRESS 2.3 STREET ADDRESS **GUILFORD CT** CITY - ST - ZIP 2.4 CHY - ST - ZIP TITLE DELETE 3 1 THUE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 Trille Charige Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CiTY-S1-ZIP TITLE DELETE 5 1 TII. E [Change Addit on NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City - St - ZiP 5.4 CITY - ST - ZIP TITLE DELETE 6 1 THE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

tuppled with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(R). Floridh Statutes, I further 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 the exemption or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the certify that the information oath, that I am an officer of appears in Block 12 or F ttachment with an address

€ 4 CITY - ST- ZIP

SIGNATURE:

Koger G. Morse ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

518-283-9200

04/11/1995

Applied For

\$8.75 Additional

Fee Required

Not Applicable