

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

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90026 038 \*\*\*150.00

6109900

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000003913**

1. Corporation Name  
**ENVIROWORKS, INC.**



Principal Place of Business  
**3000 WEST ORANGE AVE.**  
**APOPKA FL 32703**  
**US**

Mailing Address  
**3000 WEST ORANGE AVE.**  
**APOPKA FL 32703**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**08/27/1993**

4. FEI Number  
**59-3197413**

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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**MORLEY, JAMES**  
**C/O ENVIRONWORKS, INC.**  
**3000 WEST ORANGE AVENUE**  
**APOPKA FL 32703**

10. Name and Address of New Registered Agent  
 81 Name **Kevin Donaghy**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**C/O Enviroworks, Inc.**  
 83 **3000 West Orange Avenue**  
 84 City **Apopka, FL** 85 Zip Code **FL 32703**

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]* DATE **3-15-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>C</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DONAGHY, KEVIN</b>	1.2 NAME	<b>Stig Stendahl</b>
STREET ADDRESS	<b>3000 WEST ORANGE AVE.</b>	1.3 STREET ADDRESS	<b>636 Science Drive</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	1.4 CITY-ST-ZIP	<b>Madison, WI 53711</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MORLEY, JAMES</b>	2.2 NAME	<b>Wayne Fethke</b>
STREET ADDRESS	<b>3000 WEST ORANGE AVENUE</b>	2.3 STREET ADDRESS	<b>636 Science Drive</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	2.4 CITY-ST-ZIP	<b>Madison, WI 53711</b>
TITLE	<b>VCFO</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TAGLIA, R. VICTOR</b>	3.2 NAME	<b>David Drury</b>
STREET ADDRESS	<b>3000 WEST ORANGE AVENUE</b>	3.3 STREET ADDRESS	<b>636 Science Drive</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	3.4 CITY-ST-ZIP	<b>Madison, WI 53711</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KILEY, SUSAN</b>	4.2 NAME	<b>Ralf Boer</b>
STREET ADDRESS	<b>3000 WEST ORANGE AVE.</b>	4.3 STREET ADDRESS	<b>636 Science Drive</b>
CITY-ST-ZIP	<b>APOPKA FL 32703</b>	4.4 CITY-ST-ZIP	<b>Madison, WI 53711</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Gerald J. Erickson</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>636 Science Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Madison, WI 53711</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Roy Prestage</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>636 Science Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Madison, WI 53711</b>

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: *[Signature]* SIGNATURE REQUIRED **Gerald J. Erickson** DATE **3/15/99** DAYTIME PHONE # **1-608-233-1649**

CR2E034 (1/98)