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FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005962 (5)**

1. Corporation Name

KLARGESTER INCORPORATED



Principal Place of Business

**1620 MEDICAL ALNE
#222
FT MYERS FL 33907
US**

Mailing Address

**8528 123RD ST
10
SURREY BC V3W3V
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1994

4. FEI Number

98-0086981

Applied For

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 SMYTH AND COMPANY

2a. Mailing Address

26 KLARGESTER ENVIRONMENTAL DB

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #230 - 4299 CANADA WAY

27 COLLEGE ROAD ASTON CLINTON

City & State

City & State

23 BURNABY B.C.

28 AYLESBURY BUCKS

Zip

Country

Zip

Country

24 VSG 143

25 CANADA

29 HP22 5EW

30 U.K.

9. Name and Address of Current Registered Agent

**FOSTER, THOMAS W
1620 MEDICAL LANE
#222
FT. MYERS FL 33907**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SMITH, MICHAEL
COOMBE FARMHOUSE MAIN ST, GRENDON UNDERWOOD
BUCKINGHAMSHIRE, ENGLAND HP1 -05H**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HANNAH, PETER J
10-8528 123RD STREET
SYRREY BC**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

SIGNATURE  **MICHAEL SMITH** **FILED FOR 1998**

CR2E034 (10/97)