

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006637 (2)

1. Corporation Name

ENVIROTECH PUMPSYSTEMS, INC.

Principal Place of Business

440 WEST 800 SOUTH
SALT LAKE CITY UT 84110

Mailing Address

440 WEST 800 SOUTH
SALT LAKE CITY UT 84110



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1994		3a. Date of Last Report 08/02/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 87-0529231		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	84101	29	84101	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Peter Krumm
NAME	DEBOER, EDWARD	1.2 NAME	
STREET ADDRESS	400 WEST 800 SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	SALT LAKE CITY UT	1.4 CITY - ST - ZIP	
TITLE	VSTD	2.1 TITLE	
NAME	NELSON, REED	2.2 NAME	
STREET ADDRESS	400 WEST 800 SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	SALT LAKE CITY UT	2.4 CITY - ST - ZIP	
TITLE	VASD	3.1 TITLE	
NAME	DUNBAR, DAVID	3.2 NAME	
STREET ADDRESS	149 NEWLANDS ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CATHCART GLASGOW, OK 7444EX	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

A. Reed Nelson A. Reed Nelson 4/4/96 (601) 359-8734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)