

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

FILED

**Apr 25 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F95000000585 (8)

1. Corporation Name
APPLIED ENVIRONMENTAL TECHNOLOGIES, INC.



Principal Place of Business
**4840 MARKET ST
SUITE B
VENTURA CA 93003**

Mailing Address
**4840 MARKET ST
SUITE B
VENTURA CA 93003-5700**

3. Date Incorporated or Qualified
02/03/1995

3a. Date of Last Report
04/03/1996

4. FEI Number
77-0237836

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUSEN, KENNETH L P.G.
ROUTE 35, BOX 2920
TALLAHASSEE FL 32310**

Post office changed address to: →

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
154 Lonnie Baker Lane
83
84 City **Crawfordville** FL 85 Zip Code **32327**

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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input type="checkbox"/> DELETE
NAME	MACFARLANE, IAN C	
STREET ADDRESS	4840 MARKET ST, SUITE B	
CITY-ST-ZIP	VENTURA CA 93003	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	PEDRAM, EMANUEL O	
STREET ADDRESS	4840 MARKET ST, SUITE B	
CITY-ST-ZIP	VENTURA CA 93003	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINNEY, HARRY C	
STREET ADDRESS	4840 MARKET ST, SUITE B	
CITY-ST-ZIP	VENTURA CA 93003	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FINNEY, MARIA M	
STREET ADDRESS	4840 MARKET ST, SUITE B	
CITY-ST-ZIP	VENTURA CA 93003	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Ian C. Macfarlane* President **4/16/97 (805) 650-1400**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)