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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 15, 1999 8:00am

**Secretary of State** 

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02-15-1999 90038 020 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600002135

ENVIRONMENTAL STAFFING SOLUTIONS, INC.

						<u> </u>	EZIO BROLL BROLL BROLL	E FILME ALLI FRAL
Principal Place of Business Mailing Address								
8901 N. INDUSTRIAL ROAD 8901 N. INDUSTRIAL ROAD PEORIA IL 61615 PEORIA IL 61615			ND O					
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						04/26/1996		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	I Ar	plied For
21						37-1354385	<del></del>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
22						5. Certifcate of Status Desired	Fee Re	equired
City & State City & State						6. Election Campaign Financing	¬ \$5.00	May Be
23 28						Trust Fund Contribution	Added Added	to Fees
Zip	Country Zip Cou			ntry		8. This corporation owes the current	year Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		04		10. Name and Address of New Reg	istered Agent	
СТ	CORPORATION SYSTEM	* *		81	Name		•	İ
1200 SOUTH PINE ISLAND ROAD			Ī	82	Street Addr	t Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				1 CALL OF THE PARTY OF THE PART			their gard was	
			1	83				
			Ī	84	City		85 Zip	Code
<del>(22-4)</del>	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1			FL	
office or	registered agent, or both, in the State	of Florida. Such change was	authorized	by t	the corporation	poration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its le appointment as re	registered gistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, FI	orida Statu	tes.	•	, ,		1
SIGNATURE								
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	-vgent	signature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DS IN 12
TITLE	CD	□ DELETE	1,1 1111	F			☐ Change	Addition
NAME	CARTER JR, THOMAS F		1.2 NA					
STREET ADDRESS	AAAA AL INDUIATOIAL DO				ADDRESS			
CITY-ST-ZIP	PEORIA IL		1.4 CIT		1			
TITLE	PD	☐ DELETE	2.1 TITL		- Zir		☐ Change	Addition
NAME	BOURAZAK, JAMES N		2.2 NAM					
STREET ADDRESS	8901 N INDUSTRIAL RD				ADDRESS			
CITY-ST-ZIP	PEORIA IL	1	2. 4 CIT					
TITLE	VSTD	☐ DELETE	3.1 TITL		- 211		☐ Change	. Addition
NAME	STERIOEN KAREN NA		3.2 NAA	ΛE				_
STREET ADDRESS	0004 N INDUCTOR DD				ADORESS	The second of th	er alvasa satan ili elli teri	No tract
CITY-ST-ZIP	PEORIA IL		3,4. CIT			いたできる。これも特殊性に対した。 されている特殊性は対象		1.48
TITLE'	ASAT	☐ DELETE	4.1 TITL			98: 12 1. 14 only 23 to 8 (H & )	Change.	☐ Addition
NAME	JENSEN, MICHAEL J		4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET /	ADDRESS			1
CITY-ST-ZIP	PEORIA IL		4.4 CIT	Y-ST-	ZIP			
TITLE		☐ DELETE	5.1 TTTL		**- **-		☐ Change	Addition
NAME			5.2 NAA	Æ		14 5 5 W		
STREET ADDRESS			5.3 STR	EET /	ADORESS			
CiTY-\$T-ZiP			5.4 CITY	r-\$t-	ZIP	* 1. **		
TITLE	1,7 (1)	☐ DELETE	6.1 TITL	E			_ Change	☐ Addition
NAME			6.2 NAM	Æ				•
STREET ADDRESS			63 STR	FET A	ADDRESS			1

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 effective 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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP