

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90151 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004408

1. Corporation Name
ASTEC ENVIRONMENTAL SYSTEMS LIMITED INC.

Principal Place of Business RENAISSANCE CENTER - SUITE 306 8695 COLLEGE PARKWAY FORT MYERS FL 33919	Mailing Address RENAISSANCE CENTER - SUITE 306 8695 COLLEGE PARKWAY FORT MYERS FL 33919
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2180 ANDREA LANE Suite, Apt. #, etc. 22 FORT MYERS, FL City & State 23 33912 WA Zip Country 24 33912 25 WA		2a. Mailing Address 26 2180 ANDREA LANE Suite, Apt. #, etc. 27 SUITE 145 City & State 28 FORT MYERS, FL Zip Country 29 33912 30 WA		3. Date Incorporated or Qualified 08/27/1996	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Trust Fund Contribution		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHAMBRE, ANDRE G SUITE 306 8695 COLLEGE PARKWAY FORT MYERS FL 33919		10. Name and Address of New Registered Agent 81 Name ANDRE G. CHAMBRE 82 Street Address (P.O. Box Number is Not Acceptable) 2180 ANDREA LANE 83 SUITE 145 84 City FORT MYERS FL 85 Zip Code 33912	
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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 *Andre G. Chambré* DATE *2/13/99*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, OLIVE	1.2 NAME	
STREET ADDRESS	BUNNS HILL HOUSE, BARNESHALL AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER WR5 3EU ENGLAND	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARGENT, LARRY	2.2 NAME	
STREET ADDRESS	MAPLE RIDGE THE DENE HURSTBOURNE TARRANT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SP11 OAG ENGLAND	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, RUPERT	3.2 NAME	
STREET ADDRESS	30 BAYSWATER AVENUE WESTBURY PARK	3.3 STREET ADDRESS	
CITY-ST-ZIP	BS6 7NT ENGLAND	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBRE, ANDRE G	4.2 NAME	
STREET ADDRESS	8695 COLLEGE PKWY., STE 306	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: *Andre G. Chambré* DATE *2/13/99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)