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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006380 (7)

GLOBAL ENVIRONMENTAL MACHINERY CORPORATION

Principal Place of Business Mailing Address PO BOX 4363 PO BOX 4363 FT. MYERS FL 33918-4363 FT. MYERS FL 33918-4363 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3901 Dr. MLK Jr. Blvd. 65-0576630 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22|Suites 208 & 209 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Fort Myers Γ Added to Fees <u>Florida</u> 28 Trust Fund Contribution Country Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, Lee 29 Florida Statutes Yes X No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIGNAM, MICHAEL F 1625 HENDRY ST., STE. 101 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33901 83 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, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agen; signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change X Addition TITLE 1.1 TITLE ·C MCKINNEY, JERRY NAME 1.2 NAME William E. Rose HWY. 96 SOUTH 1675 Temple Terrace STREET ADDRESS 1.3 STREET ADDRESS SILSBEE TX 77656 Fort Myers, Florida 33917 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIE 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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:

CITY-ST-ZIP

2/12/97

(941)479-5111

FILED

Apr 25 1997 8:00am

Secretary of State