SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000002492

ENVIROMED TECHNOLOGIES, INC.

Mailing Address

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90010 036 ***550.00

2200 WINTER SPRINGS BLVD STE 106-211 OVIEDO FL 32765-9344 2200 WINTER SPRINGS BLVD STE 106-211 OVIEDO FL 32765-9344		DO NOT WRITE IN THe state of th	HIS SPACE				
<u> </u>		0 14-10- 6-14		05/08/1997 4. FEI Number	Applied For		
<u> </u>	lace of Business	2a. Mailing Address	1.1000 CT		Not Applicable		
21 2/5	HEATHERWOOD CT.	26 215 HEATHER	WOOD CL.	59-3432493			
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	SPRINGS FL	City & State 28 WINTER SPRIM Zip	IGS FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24 3270	Country	zip 29 32708 3		This corporation owes the current year Intangible Personal Property.	Yes No		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent		
2200	ER, DAVID E WINTER SPRINGS BLVD., STE 10	06-211	82 Street Ad	DAVID E. ddress (P.O. Box Number is Not Acceptable)			
OVIE	DO FL 32765-9344		83 2 84 City	IS HEATHERWOOD CT. WITER SPRINGS F	es Zin Code		
			ou City W/	WITER SPRINGS F	L 85 Zip Code 32708		
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		PAUL F	PLINER	7	1/12/99		
SIGNATURE	Signature, typed of printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature				
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12		
TITLE	PT	DELETE	1.1 TITLE		Change Addition		
NAME	PLINER, DAVID E		1.2 NAME		·		
STREET ADDRESS	215 HEATHERWOOD CT		1.3 STREET ADDRESS		70		
CITY-ST-ZIP	WINTER SPRGS FL 32708		1.4 CITY-ST-ZIP		غ ا		
TITLE	VS	DELETE	2.1 TITLE		Change Addition		
NAME	PLINER, CAROL		2.2 NAME				
STREET ADDRESS	215 HEATHERWOOD CT		2.3 STREET ADDRESS		Į.		
_CITY-ST-ZIP	WINTER SPRGS FL 32708	-	24 CITY-ST-ZIP				
TITLE	WINTER OF FIGO TE DE 100	DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE			4.1 TITLE		Change Addition		
NAME		L DELETE	4.2 NAME				
·			4.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE			5.1 TITLE		Change Addition		
NAME		DELETE	5.2 NAME		☐ Cliange ☐ Addition		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	***************************************		5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition		
		☐ DELETE			Change Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		ļ		
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 of on an attachment with an address.

SIGNATURE:

| PLINER | 1/2/99 | 407-366-6636

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