

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



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS


DOCUMENT # F97000004380

1. Corporation Name
CONVERSION TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business
3452 LAKE LYNDA DR., #280
ORLANDO FL 32817

Mailing Address
3452 LAKE LYNDA DR., #280
ORLANDO FL 32817

APPROVED AND FILED
00 MAR -2 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/20/1997

4. FEI Number
13-3754366

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business
7 San Bartola Dr
Suite, Apt. #, etc.
City & State
St. Augustine, FL
Zip
32086
Country
USA

2a. Mailing Address
7 San Bartola Dr
Suite, Apt. #, etc.
City & State
St. Augustine, FL
Zip
32086
Country
USA

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
500003164595--0
-03/09/00--01106--019
84 City
Tallahassee
****550.00

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 Pamela L. Simpson Pamela L. Simpson, Authd. Representative 19 Jan 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BECK, ECKARDT C	
STREET ADDRESS	3452 LAKE LYNDA DR., #280	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTLE, DOUGLAS M	
STREET ADDRESS	3452 LAKE LYNDA DR STE #280	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, PETER H	
STREET ADDRESS	3452 LAKE LYNDA DR., #280	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAIG, ALEXANDER P	
STREET ADDRESS	3452 LAKE LYNDA DR STE #280	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	JELLUM, WILLIAM GARY	
STREET ADDRESS	3452 LAKE LYNDA DR STE#280	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	CCAS	<input checked="" type="checkbox"/> DELETE
NAME	MURCHIE, JOHN G	
STREET ADDRESS	3452 LAKE LYNDA DR STE#280	
CITY-ST-ZIP	ORLANDO FL 32817	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500003164595--0
1.3 STREET ADDRESS	-03/09/00--01106--020
1.4 CITY-ST-ZIP	7 San Bartola St. Augustine, FL 32086
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	7 San Bartola Dr
2.3 STREET ADDRESS	St. Augustine, FL 32086
2.4 CITY-ST-ZIP	500003164595--0
3.1 TITLE	-03/09/00--01106--021
3.2 NAME	*****8.75 *****8.75
3.3 STREET ADDRESS	7 San Bartola Dr
3.4 CITY-ST-ZIP	St. Augustine, FL 32086
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	7 San Bartola Dr
4.3 STREET ADDRESS	St. Augustine, FL 32086
4.4 CITY-ST-ZIP	500003164595--0
5.1 TITLE	V
5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS	O'Donoghue, Michael S
5.4 CITY-ST-ZIP	7 San Bartola Dr
6.1 TITLE	St. Augustine, FL 32086
6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

000515
CR2E034 (5/99)