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FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90018 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000005402

1. Corporation Name
BSI ENVIRONMENTAL, INC.



Principal Place of Business Mailing Address
 1050 WEST WESTERN AVE., STE. 330 1050 WEST WESTERN AVE., STE. 330
 MUSKEGON MI 49441 MUSKEGON MI 49441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	4575 Hwy 90 E	26	4575 Hwy 90 E	10/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		75-2261037	
City & State		City & State		Applied For	
23 Pace FL		28 Pace FL		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24	32571 USA	29	32571 USA	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution	
25 USA		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation owes the current year Intangible Personal Property Tax.	
24 32571		29 32571		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	EMERY, DAVID D	
STREET ADDRESS	1050 WEST WESTERN AVE., STE. 330	
CITY-ST-ZIP	MUSKEGON MI 49441	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LISSNER, KURT	
STREET ADDRESS	RT. 3, BOX 375	
CITY-ST-ZIP	BIG SANDY TX 75755	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FAESSLER, PAT	
STREET ADDRESS	1050 WEST WESTERN AVE., STE. 330	
CITY-ST-ZIP	MUSKEGON MI 49441	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WROLSTAD, LESLIE	
STREET ADDRESS	1050 WEST WESTERN AVE., STE. 330	
CITY-ST-ZIP	MUSKEGON MI 49441	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAT FAESSLER
3.3 STREET ADDRESS	4474 WOODBINE RD
3.4 CITY-ST-ZIP	BLDG 3 SUITE 12 PACE, FL 32571
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: [Signature] 4/30/99 - 850 995-3280
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)