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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90036 024 ***158.75

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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 # F98000000011

1. Corporation Name
BIOENVIROTECH, INC.

Principal Place of Business 14615 FM 2920 ROAD TOMBALL TX 77375	Mailing Address 14615 FM 2920 ROAD TOMBALL TX 77375
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/31/1997	4. FEI Number 76-0370405	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 City & State	28 City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
24 Zip	25 Country	29 Zip	30 Country	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	NESBEITT, WILLIAM D	
STREET ADDRESS	14615 FM 2920 ROAD	
CITY-ST-ZIP	TOMBALL TX 77375	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AUMANN, JAMES A	
STREET ADDRESS	14615 FM 2920 ROAD	
CITY-ST-ZIP	TOMBALL TX 77375	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HODGES, HAMPTON	
STREET ADDRESS	14615 FM 2920 ROAD	
CITY-ST-ZIP	TOMBALL TX 77375	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, HUBBARD C	
STREET ADDRESS	14615 FM 2920 ROAD	
CITY-ST-ZIP	TOMBALL TX 77375	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANDS, THOMAS	
STREET ADDRESS	14615 FM 2920 ROAD	
CITY-ST-ZIP	TOMBALL TX 77375	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SESSIONS, MARI	
STREET ADDRESS	14615 FM 2920 ROAD	
CITY-ST-ZIP	TOMBALL TX 77375	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MERCER, THOMAS K	
1.3 STREET ADDRESS	14615 FM 2920 Road	
1.4 CITY-ST-ZIP	Tomball TX 77375	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BENEDIKTER, WALTER	
2.3 STREET ADDRESS	14615 FM 2920 Road	
2.4 CITY-ST-ZIP	Tomball, TX 77375	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SESSIONS, MARYA K.	
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: Thomas K Mercer 1/5/99 (281) 351-5594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (1-1-98)