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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H94541 (0)

1. Corporation Name
APPLIED OZONE TECHNOLOGIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2335 63RD AVE. EAST K BRADENTON FL 34203 US		Mailing Address 2335 63RD AVE. E K BRADENTON FL 34203 US	
2. Principal Place of Business 21 2331 63RD AVE EAST Suite, Apt. #, etc. 22 R City & State 23 BRADENTON FL Zip 24 34203 Country 25 US		2a. Mailing Address 26 2331 63RD AVE EAST Suite, Apt. #, etc. 27 R City & State 28 BRADENTON FL Zip 29 34203 Country 30 US	
3. Date Incorporated or Qualified 01/17/1986		4. FEI Number 59-2627190 Applied For Not Applicable	
5. Certificate of Status Desired 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WILSON, TONEY H. 295 SINCLAIR DRIVE SARASOTA FL 34240		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	
NAME	MURPHY, ROBERT J.	1.2 NAME	
STREET ADDRESS	1441 JUMANA LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MORGAN, H.H. JR.	2.2 NAME	
STREET ADDRESS	1882 BRIAR CREEK PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WILSON, TONEY H	3.2 NAME	
STREET ADDRESS	295 SINCLAIR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FOXWORTHY, H.R.	4.2 NAME	
STREET ADDRESS	2180 CORNELL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WARRINGTON, H. MONROE	5.2 NAME	
STREET ADDRESS	5800 CLARK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	COPLAND, ROBERT	6.2 NAME	
STREET ADDRESS	4611 WINDSOR PK.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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.

SIGNATURE: _____

CR2E034 (10/97)