FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J57182

1. Corporation Name

ENVIRONMENTAL IMPROVEMENT SYSTEMS, INC.

Principal Place of Business Mailing Address					i inniita mist disit tansi kisa isisa isita sil	i Bibyi Bibii bibii Bibii 9	14 0 10 01041 1001
219 N.NEWNAN STREET 219 N. NEWNAN STREET							
THE OLD MOROCCO TEMPLE THE OLD MOROCCO TEMP			PLE		50 407 4007		
JACKSONVILLE US	FL 32202	JACKSONVILLE FL 32202 US			DO NOT WRITE IN 3. Date Incorporated or Qualified	N THIS SPACE	
03		03					
2 Principal F	Place of Business	2a. Mailing Address			02/16/1987 4. FEI Number		-0-45
—	acc or business	26. Walling Address					plied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-2770000		t Applicable
22	, 616.	27			5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & Stat	te .	City & State			A. Flanking Community Figure (c.		-
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	,
Zip	Country	Zip	Country				orees
24	25	29	30		 This corporation owes the current y Personal Property Tax. 		□No
	9. Name and Address of Curre		1301		10. Name and Address of New Regis		
			81	Name	To. Marine and Magneso V. Morringio	torou rigorit	•
PEN	LAND, S. PERRY						
219 N. NEWNAN STREET, OLD MOROCCO TEMPLE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32202		83				. 41 19:	
			"		•		
ı			84	City		85 Zip C	Code
Ad Durawant	to the provisions of Castings 607.05	E00 4 607 4600 Florida Otal				FL S Z P	
· office or r	registered agent, or both, in the Stat	te of Florida. Such change was a	authorized by	the corporat	poration submits this statement for the purpoion's board of directors. I hereby accept the	ose of changing its appointment as rec	registered pistered
agent. I a	ım familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes		, ,		1
SIGNATURE							
12.	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE AND DIRECTORS		t signature requir		ATE	
TITLE	PD	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
MILE	. PII	□ nei ete	44777.0		7.00171010701111020 10 0111021		
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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 attactment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/4/91 4

FILED

Jan 20, 1999 8:00am

Secretary of State

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