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

STREET ADDRESS

Block 12 or Block 13 if char

SIGNATURE:

CITY-ST-ZIP

May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # K75157 (3) AMERICAN ENVIRONETICS, INC. Principal Place of Business Mailing Address 1454 PRUDENTIAL DRIVE 1454 PRUDENTIAL DRIVE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1989 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2943029 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEPRELL, SAMUEL L. 1300 GULF LIFE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 800 83 JACKSONVILLE FL 32207 84 City 85 Zip Code 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 Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TATLE HIRSHBERG, A. WALTER NAME 1.2 NAME 1454 PRUDENTIAL DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Channe TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CiTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

A.W. HIRCHBERG

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 repet 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 arm an officer or director of the correction or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

PRESIDENCE

n an attachment with an address.

FILED

4/30/98 904-720-0707