PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90128 037 ***150.00

DOCUMENT # L26430	L. Control and Andrews	
ENVIRONMENTAL RECOVERY, INC.		
		1 1881 1811 AND 1811 AND

Principal Place	of Business	Mailing Address						#1811 BIRIT #1811 I	HEN EIST 1881
251 LEVY ROAD)	PO BOX 330569							
ATLANTIC BEAC	CH FL 32233	ATLANTIC BCH FL 32233				DO NOT WR	ITE IN TH	IS SPACE	
		US				3. Date Incorporated or Qualifed		O OI AOL	7
ı						10/31/1989			1
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
21		26				59-3030249		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		, -	Additional
22		27				3. Oct. Made of Calaboration			equired
City & State	е	City & State				6. Election Campaign Financing		\$5.00	
23	0	28 7in	Countr			Trust Fund Contribution			to Fees
Zip	Country 25	Zip 29	30	y		This corporation owes the cur Personal Property Tax.	rent year i	ntangible Yes	□No
24	9. Name and Address of Curren		130			10. Name and Address of New	Registere		
			8	1 Na	ne				
DALE	, HOWARD L.		82	2 Str	not Addre	ess (P.O. Box Number is Not Accept	able)		
	West bay street		02	2 30	set Addie	ESS (F.O. BOX RUINDE: IS NOT NOODE			
	E 200		83	3					
JACK	(SONVILLE FL 32202		84	4 Cit	,			. 85 Zip	Code
							<u> </u>	L!	
	to the provisions of Continue CO7 OEO	2 and 607 1508 Florida Statut	es, the above	VA-non	ned coroc	oration submits this statement for the	purpose (of changing its	registered
11. Pursuant	to the provisions of Sections our .000	of Florida, Such change was a	uthorized by	v the c	orporatio	n's board of directors. I hereby acce	pt the app	ioiniment as re	gistered (
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	utnorized by	y tne c	orporatio	n's board of directors. I hereby acce	pt the app	iointment as re	gistered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	utnorized by rida Statute	y the c	orporatio	in's board of directors. Thereby acce	pt the app	ointment as re	gistered
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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 suppliemental 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 coporation or the releiver 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 open supplied with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

ATLANTIC BCH FL

Steven T. Jenkins SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 1999

(904) 241-2200