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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L40081

(6)

HIGH VOLTAGE ENVIRONMENTAL APPLICATIONS, INC.

Principai Place	e of Business	Mailing	Mailing Address				I 18 Birfatt des Athir butte Maint water tent eint dinte mint ment ment annet annet nate.				
9562 DORAL BLVD 9562 DORAL BLVD.			9562 DORAL BLVD 9562 DORAL BLVD.								
MIAMI FL 33178			MIAMI FL 33178-2912								
US		US						te Incorporated or Qualifi /29/1989		e of Last R 0/1996	leport
2. Principal P	lace of Business	2a. Mai	ling Address					Number			oplied For
21		26	•					5-0165835		 	ot Applicable
Suite, Apt	#, etc.		e, Apt. #, etc.				1			— ,,	Additional
22		27					5. Cei	rtificate of Status Desired			equired
City & State	9	 	City & State				6. Fle	ction Campaign Financin		\$5.00	May Be
23		28	18				,	st Fund Contribution			to Fees
Zφ	Country		Country			8. Thi	s corporation has liability	for intangible t	ax under s	. 199.032.	
24	25	29		30			Fio	rida Statutes	Yes [No	
	9. Name and Address of Curre	ent Registered	i Agent				10. Na	me and Address of Nev	Registered A	gent	
KUR	UCZ, CHARLES N				81	Name					
798	5 SW 135TH ST				82	Street Addre	Ace (P ()	Box Number is Not Acce	ntable)		
MIA	MI FL 33131				-	Olloot Addie	033 (i .C.	DOX 14011DD1 IS 1401 ACCO	pracies		
					83	· · · · · · · · · · · · · · · · · · · 					
				1						T:::::Y = 2::::	
					84	City			FL	85 Zip	Code
11. Pursuant l	to the previsions of Sections 607.05	02 and 607.15	08, Florida Statu	tes, the a	DOVE	-named corpo	oration su	bmits this statement for t		hanging l	ts registered
office or re	In the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	le of Florida. S	uch change was	authorize Iorida Stat	d by	the corporation	ion's boar	d of directors. I hereby a	ccept the appo	intment as	registered
	THE THIS WAI, BITO GOODE THE ODE	gationa or, con	2000, 10000, 11	ionicia otai	uica	•					
SIGNATURE	Stip of ire, typed or printed name of registered a	gent and title it appl	icable (NO	TL: Flegistere	d Age	nt signature require	red when reins	stating)	DATE		
12.	OFFICERS A	ND DIRECTOR	RS	13.		······································	ADD	ITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 12
TITLE	D		DELETE	1.1 TI	TLE					Change	Addition
NAME	KURUCZ, CHARLES N			1.2 N/	AME						
STREET ADORESS	7985 SW 135TH ST			1.3 \$1	TREE T	address				5 7 7	·*
CHY-ST-ZiF	MIAMI FL			1.4 C	TY·S	F-ZIP					
THLE	D		DELETE	21 TI						Change	Addition
NAME	WAITE, THOMAS D			22 N	AME						
STREET ADORESS	8232 SW 103RD AVE			235	RFFT	ADDRESS					
CITY-SI-ZIE	MIAMI FL			2.40							
DILE	D		DELETE	31 TI		411				Change	Addition
NAME	COOPER, WILLIAM J.			3.2 N					•	· •	
STREET ADORESS	14111 S.W. 74 TERRACE			1		ADDRESS					
CITA ST-50	MIAMI FL			3 4. C							
THE	D		DELETE	4 1 TI		1.11.			₁	Change	Addition
SAME	WIRGIN, JORGEN		house of the back 1 Mar.	4 2 N					,		
STREET ABORESS	5201 SARASOTA CT					ADDRESS					
	CAPE CORAL FL										
CDY-ST ZP	D		DELETE	44 D1		1 - ZIP	·		······	Change	Addition
	MANSSON, LARS		LJ OLLLIE						,	overige	HUUMON
MAME CASE LABORETE	3613 DEL PRADO BLVD			52 N		ADDRESS					
STREET ADDRESS	CAPE CORAL FL			1		ADDRESS					
CHY ST-ZF	UATE VUIAL FL		Briete		TY-S	r-zip				Channe	Addition
1:TLF			DELETE	61 TI					l	Change	TT WOOIIIOU
NAME				6.2 N							
STREET ADDRESS				635	HEET	ADDRESS					
City St 26				64C	TY-S	r-zip			····		

14. I do 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X COLLAD TO YOU THE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE TO SHREETOR

X 4-29-97 X805-443-719

FILED

May 09 1997 8:00am

Secretary of State

CR2E034 (9/96)