FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9300004236

1. Corporation Name

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90128 050 ****61.25

FLORIDA ALLIANCE FOR CLEAN TECHNOLOGIES, INC.					103/03 - 30120 - 30			
Principal Place of Business Mailing Address 1889 NW 83RD DRIVE CORAL SPRINGS FL 33405 Mailing Address 1889 NW 83RD DRIVE CORAL SPRINGS FL 33405								
Principal Place of Business 2a. Mailing Address				····	3. Date Incorporated or Qualifed 09/15/1993			
26					4. FEI Number	Tanı	olied For	
Suite, Apt. #, etc.					65-0445955		Applicable	
22 27 City & State City & State					00 0110000	\$8.75 A		
City & Stat	e	28			5. Certificate of Status Desired 🗀 🤝	Fee Rec		
Zip	Country	Zip	Countr	ν	6. Election Campaign Financing	\$5.00	May Re	
24	25		30	•	Trust Fund Contribution	Added to		
	9. Name and Address of Currer		-		10. Name and Address of New Registered A	\gent		
***			8	1 Name				
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE				2 Street A	dress (P.O. Box Number is Not Acceptable)			
500 EAST			8	3				
WEST PALM BEACH FL 33405				4 City		85 Zip C	`ode	
MEST FALM DEACHT E 30400				4 City	FL	63 Zip C	000	
A6600 0F F	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	monzed b	v the comor	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	manging its itment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE:	Registered Ag	ent signature rec	guired when reinstating) DATE		· ·	
12.		ND DIRECTORS	13.	on orginal or or	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1,1 TITLE			Change	☐ Addition	
NAME	SUGGS, C R		1.2 NAME	.	•			
STREET ADDRESS	1889 NW 83RD DRIVE		1.3 STRE	ET ADDRESS		•		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-	ST-ZIP	·			
TITLE	VPD	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	ROBINSON, KAREN		2.2 NAME	:				
STREET ADDRESS	680 ENGINEERING DRIVE, STE	. 180	2.3 STRE	ET ADORESS				
CITY-ST-ZIP	NORCROSS GA 30092		2.4 CITY	-ST-ZIP				
TITLE	S	☐ DELETE	3.1 TITLE		**	Change	☐ Addition	
NAME	CANALES, DOLORES		3.2 NAME					
STREET ADDRESS	1889 NW 83RD DRIVE		3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		3.4. CITY	-			- A 1196	
TITLE	D	☐ DELETE	4.1 TITLE	· \		Change	Addition Addition	
NAME	YOUNG, JR., WILLIAM R		4. 2 NAM					
STREET ADDRESS	1679 CLEARLAKE ROAD		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	COCO FL 32922		4.4 CITY-		 	Change .	Addition	
TITLE		☐ DELETE	5.1 TITLE			Change	∐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			4	ET ADDRESS	,	-		
CITY-ST-ZIP		C polete	5.4 CITY- 6.1 TITLE			Change	Addition	
TITLE		☐ DELETE	6.2 NAME	1		m mande	L Addition	
NAME				ET ADDRESS				
STREET ADDRESS				i				
CITY-ST-ZIP	1		8.4 CITY-	01-ZP				

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Dayline Phone #

R2E037 (11/98)