

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06447 (7)**

1. Corporation Name
IT ENVIRONMENTAL SERVICES, INC.



Principal Place of Business: **466 SW 12TH AVE DEERFIELD BCH FL 3442 US**
Mailing Address: **23456 HAWTHORNE BLVD. TORRANCE CA 90505 US**

3. Date Incorporated or Qualified: **06/17/1985**
3a. Date of Last Report: **03/01/1995**
4. FEI Number: **06-0874413**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **4921 Memorial Hwy.**
22 **Suite 400**
23 **Miami Lakes, FL**
24 **33016**
25 **USA**

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHISON, MURRAY H.	
STREET ADDRESS	300 LONG BEACH BLVD. STRATFORD CT	
CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICE, FRANK C.	
STREET ADDRESS	300 LONG BEACH BLVD. STRATFORD CT	
CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHEH, ROBERT B	
STREET ADDRESS	400 LONG BEACH BLVD. STRATFORD CT	
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, ERIC	
STREET ADDRESS	400 LONG BEACH BLVD. STRATFORD CT	
CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELUCA, ANTHONY J	
STREET ADDRESS	400 LONG BEACH BLVD. STRATFORD CT	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Philip Ockelmann	
1.3 STREET ADDRESS	23456 Hawthorne Blvd. Torrance, CA 90505	
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	23456 Hawthorne Blvd. Torrance, CA 90505	
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	23456 Hawthorne Blvd. Torrance, CA 90505	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	23456 Hawthorne Blvd. Torrance, CA 90505	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	23456 Hawthorne Blvd. Torrance, CA 90505	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: *Frank C. Rice* **Frank C. Rice** 1/22/96 (310) 791-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)