

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

2. Principal Place of Business

2a. Mailing Address

21 4921 Memorial Hwy.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27

City & State

City & State

23 Miami Lakes, FL

28

Zip

Country

Zip

Country

24 33016

25

USA

29

30

4. FEI Number

06-0874413

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D XXXX DELETE

NAME HUTCHISON, MURRAY H.
STREET ADDRESS 300 LONG BEACH BLVD.
CITY-ST-ZIP STRATFORD CT

TITLE V ☐ DELETE

NAME RICE, FRANK C.
STREET ADDRESS 300 LONG BEACH BLVD.
CITY-ST-ZIP STRATFORD CT

TITLE P ☐ DELETE

NAME SHEH, ROBERT B
STREET ADDRESS 400 LONG BEACH BLVD.
CITY-ST-ZIP STRATFORD CT

TITLE S ☐ DELETE

NAME SCHWARTZ, ERIC
STREET ADDRESS 400 LONG BEACH BLVD.
CITY-ST-ZIP STRATFORD CT

TITLE V ☐ DELETE

NAME DELUCA, ANTHONY J
STREET ADDRESS 400 LONG BEACH BLVD.
CITY-ST-ZIP STRATFORD CT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Treasurer

Philip Ockelmann

23456 Hawthorne Blvd.
Torrance, CA 90505

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank C. Rice

1/22/96

(310) 791-2544

Date

Daytime Phone #

CR2E034 (12/95)