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**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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: **4821 MEMORIAL HWY SUITE 400 MIAMI LAKES FL 33016 US**
Mailing Address: **23456 HAWTHORNE BLVD. TORRANCE CA 90505-4716 US**

3. Date Incorporated or Qualified: **06/17/1985**
3a. Date of Last Report: **01/29/1996**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

12. OFFICERS AND DIRECTORS	
TITLE: V	<input type="checkbox"/> DELETE
NAME: RICE, FRANK C.	
STREET ADDRESS: 23456 HAWTHORNE BLVD	
CITY-ST-ZIP: TORRANCE CA	
TITLE: P	<input checked="" type="checkbox"/> DELETE
NAME: SHEH, ROBERT B	
STREET ADDRESS: 23456 HAWTHORNE BLVD	
CITY-ST-ZIP: TORRANCE CA	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: SCHWARTZ, ERIC	
STREET ADDRESS: 23456 HAWTHORNE BLVD	
CITY-ST-ZIP: TORRANCE CA	
TITLE: V	<input type="checkbox"/> DELETE
NAME: DELUCA, ANTHONY J	
STREET ADDRESS: 23456 HAWTHORNE BLVD	
CITY-ST-ZIP: TORRANCE CA	
TITLE: T	<input type="checkbox"/> DELETE
NAME: OCKELMANN, PHILIP	
STREET ADDRESS: 23456 HAWTHORNE BLVD	
CITY-ST-ZIP: TORRANCE CA	
TITLE: <input type="checkbox"/> DELETE	
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME: S Kirk, James G.	
3.3 STREET ADDRESS: 2790 Mosside Blvd.	
3.4 CITY-ST-ZIP: Monroeville, PA 15146	
4.1 TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME: DeLuca, Anthony J.	
4.3 STREET ADDRESS: 23456 Hawthorne Blvd.	
4.4 CITY-ST-ZIP: Torrance, CA 90505	
5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME:	
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 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank C. Rice* **Frank C. Rice** 1/13/97 (310) 791-2544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)