

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

FILED  
Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P06447** (7)  
1. Corporation Name  
**IT ENVIRONMENTAL SERVICES, INC.**



Principal Place of Business  
**4921 MEMORIAL HWY  
SUITE 400  
MIAMI LAKES FL 33016  
US**

Mailing Address  
**23456 HAWTHORNE BLVD.  
TORRANCE CA 90505  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2790 Mossie Boulevard</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2790 Mossie Boulevard</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>06/17/1985</b>	
22 City & State 23 <b>Monroeville, PA</b> Zip Country 24 <b>15146</b> 25 <b>USA</b>		27 City & State 28 <b>Monroeville, PA</b> Zip Country 29 <b>15146</b> 30 <b>USA</b>		4. FEI Number <b>06-0874413</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, FRANK C.</b>	1.2 NAME	
STREET ADDRESS	<b>23456 HAWTHORNE BLVD</b>	1.3 STREET ADDRESS	<b>2790 Mossie Boulevard</b>
CITY-ST-ZIP	<b>TORRANCE CA</b>	1.4 CITY-ST-ZIP	<b>Monroeville, PA 15146</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELUCA, ANTHONY J</b>	2.2 NAME	
STREET ADDRESS	<b>23456 HAWTHORNE BLVD</b>	2.3 STREET ADDRESS	<b>2790 Mossie Boulevard</b>
CITY-ST-ZIP	<b>TORRANCE CA</b>	2.4 CITY-ST-ZIP	<b>Monroeville, PA 15146</b>
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OCKELMANN, PHILIP</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>23456 HAWTHORNE BLVD</b>	3.3 STREET ADDRESS	<b>Conte, Richard R.</b>
CITY-ST-ZIP	<b>TORRANCE CA</b>	3.4 CITY-ST-ZIP	<b>2790 Mossie Boulevard</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>600002429606</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-02/13/98--01006- 015</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***150.00</b>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

2/6/98

412/372-7701

CR2E034 (10/97)