


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

FILED
Feb 12 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P06447 (7)

1. Corporation Name
IT ENVIRONMENTAL SERVICES, INC.



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| Principal Place of Business 4921 MEMORIAL HWY SUITE 400 MIAMI LAKES FL 33016 US | Mailing Address 23456 HAWTHORNE BLVD. TORRANCE CA 90505 US |
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DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|--|--|
| 2. Principal Place of Business 21 2790 Mosside Boulevard Suite, Apt. #, etc. | | 2a. Mailing Address 26 2790 Mosside Boulevard Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 06/17/1985 | |
| 22. City & State 23 Monroeville, PA Zip Country | | 27. City & State 28 Monroeville, PA Zip Country | | 4. FEI Number 06-0874413 Applied For <input type="checkbox"/> Not Applicable | |
| 24. 15146 | | 25. USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 29. 15146 | | 30. USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | | | 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 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)

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

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 _____ DATE **2/6/98** FILE NO. **412/372-7701**

CR2E034 (10/97)

Handwritten: 2/5 2/12/98