


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. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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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		27. City & State 28 Monroeville, PA		4. FEI Number 06-0874413	
24. Zip 15146		25. Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29. Zip 15146		30. Country 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	

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 date 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	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