

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P07398** (1)  
1. Corporation Name  
**CONSERVATEK INDUSTRIES, INC.**

Principal Place of Business  
**498 LOOP 336 E  
CONROE TX 77305**

Mailing Address  
**P.O. BOX 1678  
CONROE TX 77305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1985</b>	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number <b>76-0121413</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, R. JOHN JR	1.2 NAME	
STREET ADDRESS	498 LOOP 336 E	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONROE TX	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, MS. EUGENIA H.	2.2 NAME	
STREET ADDRESS	498 LOOP 336 E	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONROE TX	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DON	3.2 NAME	
STREET ADDRESS	498 LOOP 36 E	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONROE TX	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCOTEY, STEVEN	4.2 NAME	
STREET ADDRESS	29 DOVER	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONROE TX	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEL, BRENDA N.	5.2 NAME	
STREET ADDRESS	172 CHARTER OAKS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CONROE TX	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METHA, RAJENDU	6.2 NAME	
STREET ADDRESS	21306 PARKMILL LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	KATY TX	6.4 CITY-ST-ZIP	

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: **Rajendru N. Mehta - Controller** 01-23-1998. (409)539-1747.

CR2E034 (10/97)