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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90091 034 ***150.00

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	OCUMENT	#	P21	081	l
1.	Corporation Name		. — .	00.	'

ENVIRONMENTAL CONCEPTS, INC.

Principal Place of Business 710 NW 57TH STREET FT. LAUDERDALE FL 33309

Mailing Address 710 NW 57TH STREET FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/27/1988 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21693 Town Place Drive 26 65-007155<u>1</u> P 0 B Suite, Apt. #, etc Box 276004 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired-Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing Boca Raton, FL Country Trust Fund Contribution Added to Fees ²³ Boca Raton 28 8. This corporation owes the current year Intangible Country 33433 33427 □No XXYes Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ANDERSON, EARL M JR. Street Address (P.O. Box Number is Not Acceptable) 82 710 NW 57TH ST FT. LAUDERDALE FL 33309 83 21693 Town Place Drive

Boca Raton

FL 85 Zip Code
33433

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 Zip Code 33433

SIGNATURE Signature typed or proted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE								
	Signature, typed or printed name of registered agent and to OFFICERS AND DI	ADDITIONS/CHANGES TO		ID DIRECTOR	2S IN 12			
12.			13.	ADDITIONS/CHANGES IN	J OI I ICENS A	(X) Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE			M Change		
NAME	ANDERSON, EARL M JR.		1.2 NAME	01600 = 71				
STREET ADDRESS	710 NW 57TH ST		1.3 STREET ADDRESS	21693 Town Pla		-		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CiTY-ST-ZiP	Boca Raton, FL	<u> 33433</u>			
TITLE	VSD	☐ DELETE	2.1 TITLE		•	☐ Change	☐ Addition	
NAME	KALT, JOANNE L.		2.2 NAME		~			
STREET ADDRESS	2 BLINKER LIGHT RD		2.3 STREET ADDRESS					
CITY-ST-ZIP	STONEY BROOK NY		2. 4 CITY- ST-ZIP					
TITLE	TD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	HAWK, JAMES R.		3.2 NAME		-			
STREET ADDRESS	7 MARBIL ROAD		3,3 STREET ADDRESS					
CITY-ST-ZIP	DANBURY CT		3.4. CITY-ST-ZIP		•			
TITLE		☐ DELETE	4.1 TITLE		:	☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS				ļ	
CITY-ST-ZIP			4.4 C/TY-ST-Z/P					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME				ļ	
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	61 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. I hereby certify that the ipformation 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 (eport 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 exporation 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, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Earl Mx Anderson, Jr.

<u> 1/14/99</u>