FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000074624 (6)

Mailing Address

DOCUMENT #

ENVIRONMENTAL RECOVERY SYSTEMS, INC.

8252 31ST TERRACE N. ST PETERSBURG FL 33710 US			8252 31ST TERRACE N. ST PETERSBURG FL 33710 US		3. Date Incorporated or Qualified	3a. Date c	ate of Last Report 04/27/1995	
2. Principal Place	e of Business	2a. Mailing Address	. Mailing Address		4. FEI Number 59-3210107		1	pplied For lot Applicable
Suite, Apt. #, etc		Suite, Apt #, etc.	Suite, Apt #. etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		to Fees	
Z _I p	Country 25	Z(p)	Country 30	/		. 🔲 No		199.032,
4	9. Name and Address of Curren		11T		10. Name and Address of New F	Registered A	gent	
	S. Itamo uno siese		81	Name				
HARTY, SCOTT E. 8252 31ST TERRACE N. SJ. PETERSBURG FL 33710			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			83					
٠, ١٤١			84	City		FL	85 Zir	n Code
SIGNATURE _s	gnature isped or printed name of registeren agent OFFICERS AN	Charles and Market and Control of the Control of th	E Begistmat Ap	of signatury requir	ADDITIONS/CHANGES TO OF			
TITLE	0	DELETE	1.11110	:		L.] Change	Addition
NAME	CORR, KAREN A		1 2 NAMI	:				
STREET ADDRESS	8252 31ST TERRACE N.		1 3 STRE	ET ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG FL		1.4 CITY				7 Change	Add tien
TITLE				Tillre		J 4.14.19.		
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NAME			5.2 NAM	rE.	***200.00			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certify 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

6 1 THE

6.2 NAME

5 3 STREET ACCRESS

6 3 STREET ADDRESS

6.4 CITY - S1 - **2**13

5 4 CiTY - \$1 - 201

THLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELFTE

Change

CR2E034 (12/95)