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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY - \$1 - 7(P)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000074624 (6)

ENVIRONMENTAL RECOVERY SYSTEMS, INC.

Principal Place of Business Mailing Address 8252 31ST TERRACE N. 8252 31ST TERRACE N ST PETERSBURG FL 33710-2261 ST PETERSBURG FL 33710 HS 3. Date Incorporated or Qualified 3a. Date of Last Report 10/27/1993 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3210107 Not Applicable 21 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Zφ Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARTY, SCOTT E. 8252 31ST TERRACE N. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33710 83 84 City 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 4 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or princed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE 101.6 CORR, KAREN A 1.2 NAME NAMI 8252 31ST TERRACE N. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CHTY - ST - Zir Change DELETÉ ☐ Addition 2.1 TITLE 10:1 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - \$1 - 201 Change DELETE Addition 3.1 TITLE 10LE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - \$1 - 20° Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME hAVt 4.3 STREET ADDRESS STREET ADDRESS CITY - ST-20P 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE 111118 MAM 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - 709 5.4 CiTY - ST-2iP DELETE Change Addition 6.1 TITLE 101:0 6.2 NAME NAMI 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

or on an attachment with an address

14. I do 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 air 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

96/6)

FILED

Apr 28 1997 8:00am

Secretary of State