Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90049 008 ***150.00

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

DOCUMENT # **P94000008568**

1. Corporation Name

ENVIRONMENTAL ABSORBENT PRODUCTS, INC.

Principal Flace	e of Business	Mailing Address			
1374 N KILLIAN	DR	1374 N. KILLIAN DR.			
LAKE PARK FL	33403	LAKE PARK FL 33403			DO NOT MIGHT IN THIS SPACE
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 02/02/1994
2. Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number Applied For
21		26			65-0409651 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Electicin Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Curren		'		10. Name and Address of New Registered Agent
·			81	Nar	Name
COR	DANI, PETER J				(0.0.0)
1374 N KILLIAN DRIVE			82	Stre	Street Address (P.O. Box Number is Not Acceptable)
SUIT			83		
	PARK FL 33403		**		
D.11.12	. 174400 12 00 100		84	City	City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named curporation submits this statement for the purpose of changing its registered					
office or registered agent, or bc th, 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					
SIGNATURAL	Signature, typed or printed name of registered agen-	and title if applicable. (NOTE. Re	gistered Age	nt signat	gnature req (ired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PCEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CORDANI, PETER J		1.2 NAME		
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A"		1.3 STREE	RODA T	DRESS
CITY-ST-ZIP	LAKE PARK FL 33403		1.4 CITY-5	ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CORDANI, PETER J		2.2 NAME		
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A"	j	2.3 STREET ADDRESS		DORESS
1	LAKE PARK FL 33403		2.4 CITY-		1
CITY-ST-ZIP TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
	CORDANI, PETER J		3.2 NAME		
NAME	1374 N. KILLIAN DR-SUITE "A"		3.3 STREE		INDERS
STREET ADDRESS	LAKE PARK FL 33403				
CITY-ST-ZIP	T		3.4. CITY-	21-LIP	Change Addition
TITLE	CODDANI MICHAEL	□ Pereir	4 1 TITLE		
NAME	CORDANI, MICHAEL		4. 2 NAME		
STREET ADDRESS	1374 N. KILLIAN DR-SUITE "A"	,	4.3 STREE		
CITY-ST-ZIP	LAKE PARK FL 33403		4.4 CITY-5	ST-ZIP	IP ☐ Change ☐ Addition
TITLE		DELETE	51 TITLE		□ Change □ Adduson
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE		
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREE	TADDRI	DORESS
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	q _E

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 or an attact ment with an address with all other like empowered.

SIGNATURE: