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 # P94000018977

BIO-REMEDIATION INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90016 011 ***150.00



ce of Business	Mailing Address				RAN INDON NAME (A)		
•	1 GROVE ISLE						
	UNIT 1505						
33	MIAMI FL 33133			DO NOT WRITE IN TH	HIS SPACE		
				3. Date Incorporated or Qualifed	"-		٦
Diago of Business							
Tace or Business	<u> </u>	_		4. FEI Number	· A	pplied For	1
# etc	26			65-0475833	N	ot Applicable	
	27 Suite, Apt. #, etc.			5. Certifcate of Status Desired			7
te	City & State			6. Election Campaign Financing	\$5.00	May Ba	7
	28			Trust Fund Contribution	•		
	, i	_	itry	8. This corporation owes the current year	Intangible		1
		30		Personal Property Tax.	🔀 Yes	□No	1
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	ed Agent		1
R GARY		1	81 Name				7
		.	82 Street Add	ress (P.O. Box Number is Not Acceptable)			┨
			83				1
, c 55165		1	84 City		00 7:0	0.1	-
			1 7	F			
to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ove-named corp	oration submits this statement for the purpose	of changing its	registered	1
m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statut	es.	on's board of directors. I hereby accept the app	ointment as re	gistered	
		Registered A	gent signature require				١,
		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	Š
•	☐ DELETE	1.1 TITLE	Ē		☐ Change	☐ Addition] }
		1.2 NAME	E				1
		1.3 STRE	EET ADDRESS				1
MIAMI FL 33133			!				1 1
		1.4 CITY-					3
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D Sher, Marilyn	DELETE	_	==		Change	☐ Addition	-60
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	Country 25 9. Name and Address of Current R, GARY ROVE ISLE 1505 II FL 33133 to the provisions of Sections 607.050; agistered agent, or both, in the State on familiar with, and accept the obligations of sections for the obligation of the state of the section of the sec	I GROVE ISLE UNIT 1505 MIAMI FL 33133 Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 e City & State 28 Country Zip 25 9. Name and Address of Current Registered Agent R, GARY ROVE ISLE 1505 MI FL 33133 To the provisions of Sections 607.0502 and 607.1508, Florida Statute agistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Florida Statute agistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Florida Statute agistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Florida Statute agistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Florida Statute agistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Florida Statute agistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Florida Statute agistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Florida Statute agistered agent, or both, in the State of Florida Statute agistered agent and title if applicable. OFFICERS AND DIRECTORS D	I GROVE ISLE UNIT 1505 MIAMI FL 33133 Place of Business 2a. Mailing Address 26 #, etc. Suite, Apt. #, etc. 27 e City & State 28 Country Zip Cour 29 9. Name and Address of Current Registered Agent R, GARY ROVE ISLE 1505 II FL 33133 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abagistered agent, or both, in the State of Florida. Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statut Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D SHER, GARY 1 GROVE ISLE UNIT 1505 MIAMI EL 23122	1 GROVE ISLE UNIT 1505 MIAMI FL 33133 Place of Business 2a. Mailing Address 26 #, etc. 2b. Suite, Apt. #, etc. 27 e	Mailing Address 1 GROVE ISLE UNIT 1505 MAMI FL 33133 DO NOT WRITE IN TI 3. Date Incorporated or Qualifed 03/11/1994 4. FEI Number 65-04/75833 #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country Bill Name R, GARY ROVE ISLE 1505 MI FL 33133 B4 City From the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation is board of directors. I hereby accept the appropriation, and corporation of Sections 607.0505, Florida Statutes, the above-named corporation is board of directors. I hereby accept the appropriation, and accept the obligations of, Section 607.0505, Florida Statutes OFFICERS AND DIRECTORS D SHER, GARY 12 NAME 12 NAME DO NOT WRITE IN TI 3. Date Incorporated or Qualifed 03/11/1994 4. FEI Number 5. Certifcate of Status Desired GOFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS D SHER, GARY 12 NAME	I GROVE ISLE UNIT 1505 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 03/11/1994 4. FEI Number	Making Address I GROVE ISLE UNIT 1905 MAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Q3/11/1994 Page of Business 2a. Mailing Address 4. FEI Number 25

Thereby 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

858-3636