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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000021428 (5)

ENVIRONMENTAL ALLOYS, INC.

| Ļ  | Principal Place of Busine   |                         |                | ailing Address   |              |       |                 |  |                         |   |  |  |
|--|---|-------------------------|----------------|--|--------------|-------|-----------------|--|-------------------------|---|--|--|
| ATTN: JEFFREY KUNKEL 2121 BLOUNT ROAD POMPANO BEACH FL 33069 |   |                         |                | ATTN: JEFFREY KUNKEL<br>2121 BLOUNT ROAD<br>POMPANO BEACH FL 33069 |              |       |                 | DO NOT WRITE IN THIS SPACE   |                         |   |  |  |
|  |   |                         |                |  |              |       |                 | Date Incorporated or Qualified     03/15/1994  |                         |   |  |  |
| 2. Principal Place of Business 21 Suite, Apt. #, etc 22      |   |                         | 28             | Mailing Address  |              |       |                 | 4. FEI Number  |                         | Applied For                             |  |  |
|  |   |                         | 26             |  |              |       | 65-0475043      |  | Not Applicat            |   |  |  |
|  |   |                         | 27             | Suite, Apt. #, etc.  |              |       |                 | 5. Certificate of Status Desired See Re  |                         |   |  |  |
| 23   | City & State  |                         |                | City & State   |              |       |                 | Election Campaign Financing     Trust Fund Contribution  |                         | \$5.00 May Be<br>Added to Fees          |  |  |
| 24   | Zip   | Country<br>25           | 29             | Zip<br>  | 30           | untry |                 | <ol> <li>This corporation owes or has paid the<br/>Personal Property Tax due June 30.</li> </ol> | current ye              |   |  |  |
|  | g, Name and Address of Current Registered Agent   |                         |                |  |              | Ι     |                 | 10. Name and Address of New Register   | ed Agent                |   |  |  |
| KUNKEL, JEFFREY  |   |                         |                |  |              | 81    | Name            |  |                         |   |  |  |
|  | 2121 BLOUNT ROAD<br>POMPANO BEACH FL 33069  |                         |                |  |              |       | Street Addre    | Street Address (P.O. Box Number is Not Acceptable)   |                         |   |  |  |
|  |   | •                       |                |  |              | 83    |                 |  |                         |   |  |  |
|  |   |                         |                |  |              | 84    | City            | F  | EL 85                   | Zip Code                                |  |  |
| 1  | <ol> <li>Pursuant to the provis<br/>office or registored ag<br/>agent. I am familiar w</li> </ol> | gent, or both, in the S | state of Flori | da. Such change wa   | as authoriza | ed by | the corporation | oration submits this statement for the purpos<br>on's board of directors. I hereby accept the    | e of chan-<br>appointme | ging its registere<br>ant as registered |  |  |

| agent. Farti tarnilati with, and accept the oringations of, section bortosos, Florida Statutes.   |                      |          |                     |                          |                                      |            |  |  |  |  |  |
|---|----------------------|----------|---------------------|--------------------------|--------------------------------------|------------|--|--|--|--|--|
| SIGNATURE Signature bytest or posited hence of regular of a perhapt and titled apply able (NOTE Registered Agent signature regulared when reinstaling) DATE |                      |          |                     |                          |                                      |            |  |  |  |  |  |
| 12.   | OFFICERS AND DIRE    | CTORS    | 13.                 | ADDITIONS/CHANGES TO OFF | NGES TO OFFICERS AND DIRECTORS IN 12 |            |  |  |  |  |  |
| TITLE   | PTD                  | ☐ DELETE | 1.1 TITLE           |                          | ☐ Change                             | Addition   |  |  |  |  |  |
| NAME  | NIEDERHOFFER, VICTOR |          | 1.2 NAME            |                          |                                      |            |  |  |  |  |  |
| STREET ADDRESS  | 1 CROSSMAN ROAD      |          | 1.3 STREET ADDRESS  |                          |                                      |            |  |  |  |  |  |
| CITY - ST - ZIP   | SAYREVILLE NJ        |          | 1.4 CITY-ST-ZIP     |                          |                                      |            |  |  |  |  |  |
| TITLE   | VDS                  | DELETE   | 2.1 TITLE           |                          | Change                               | Addition   |  |  |  |  |  |
| NAME  | GROSSMAN, DANIEL V   |          | 2.2 NAME            |                          |                                      |            |  |  |  |  |  |
| STREET ADDRESS  | L CROSSMAN ROAD      |          | 2.3 STREET ADDRESS  |                          |                                      |            |  |  |  |  |  |
| CITY-ST-ZIP   | SAYREVILLE NJ        |          | 2. 4 CITY-ST-ZIP    |                          |                                      |            |  |  |  |  |  |
| TITLE   | V\$                  | □ DELETE | 3.1 TITLE           |                          | Change                               | Addition   |  |  |  |  |  |
| NAME  | WALSH, KENNETH C     |          | 3.2 NAME            |                          |                                      | !          |  |  |  |  |  |
| STREET ADDRESS  | L CROSSMAN ROAD      |          | 3.3 STREET ADDRESS  |                          |                                      |            |  |  |  |  |  |
| CITY-ST-ZIP   | SAYREVILLE NJ        |          | 3 4 CITY-ST-ZIP     |                          |                                      |            |  |  |  |  |  |
| TITLE   | AS                   | DELETE   | 4.1 TITLE           |                          | ☐ Change                             | ☐ Addition |  |  |  |  |  |
| NAME  | REILLY, MONICA B     |          | 4. 2 NAME           |                          |                                      |            |  |  |  |  |  |
| STREET ADDRESS  | L CROSSMAN ROAD      |          | 4.3 STREET ADDRESS  |                          |                                      |            |  |  |  |  |  |
| CITY - ST - ZIP   | SAYREVILLE NJ        |          | 4.4 CITY-ST-ZIP     |                          |                                      |            |  |  |  |  |  |
| TITLE   |                      | ☐ DELETE | 5.1 TITLE           |                          | Change                               | Addition   |  |  |  |  |  |
| NAME  |                      |          | 5.2 NAME            |                          |                                      |            |  |  |  |  |  |
| STREET ADDRESS  |                      |          | 5 3 STREET ADDRESS  |                          |                                      |            |  |  |  |  |  |
| CITY-SY-ZIP   |                      |          | 5 4 CITY - ST - ZIP |                          |                                      |            |  |  |  |  |  |
| TITLE   |                      | DELETE   | 61 TITLE            |                          | Change                               | Addition   |  |  |  |  |  |
| NAME  |                      |          | 62 NAME             |                          |                                      |            |  |  |  |  |  |
| STREET ADDRESS  |                      |          | 6.3 STREET ADDRESS  |                          |                                      |            |  |  |  |  |  |
|   |                      |          |                     |                          |                                      |            |  |  |  |  |  |

64 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 of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, or an attachment with an addition.

1/28/98 (800) 526-4597 KENNETH C. WALSH

**FILED** 

Feb 11 1998 8:00am

Secretary of State

A MATRIATA ATR 1840 CARLE ATRICA CALL AGAIN ABORD LANGU ALCIA CALLE MARA HAN LANGU