


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90014 041 ***150.00

0165813

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000021428					
1. Corporation Name ENVIRONMENTAL ALLOYS, INC.					
Principal Place of Business ATTN: JEFFREY KUNKEL 2121 BLOUNT ROAD POMPANO BEACH FL 33069			Mailing Address ATTN: JEFFREY KUNKEL 2121 BLOUNT ROAD POMPANO BEACH FL 33069		



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/15/1994		4. FEI Number 65-0475043		Applied For Not Applicable			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees	
City & State 23		City & State 28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No							
Zip 24		Country 25		Zip 29		Country 30					

9. Name and Address of Current Registered Agent KUNKEL, JEFFREY 2121 BLOUNT ROAD POMPANO BEACH FL 33069				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NIEDERHOFFER, VICTOR			1.2 NAME	KUNKEL, JEFFREY		
STREET ADDRESS	1 CROSSMAN ROAD			1.3 STREET ADDRESS	2121 BLOUNT ROAD		
CITY-ST-ZIP	SAYREVILLE NJ			1.4 CITY-ST-ZIP	POMPANO BEACH FL 33069		
TITLE	VDS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	VS	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kenneth Walsh 2/26/99 734/316-2100

CR2E034 (11/98)