


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

**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90037 037 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000022908**

1. Corporation Name  
**POLLUTION PREVENTION SERVICES, INC.**



Principal Place of Business <b>3018 US HIGHWAY 301 N SUITE #100 TAMPA FL 33619 US</b>	Mailing Address <b>3018 US HIGHWAY 301 NORTH SUITE #100 TAMPA FL 33619 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3014 US Hwy 301 N</b>	2a. Mailing Address 26 <b>3014 US Hwy 301 N</b>
Suite, Apt. #, etc. 22 <b>400</b>	Suite, Apt. #, etc. 27 <b>400</b>
City & State 23 <b>Tampa FL</b>	City & State 28 <b>Tampa FL</b>
Zip 24 <b>33619</b>	Country 25 <b>Hillsborough</b>

3. Date Incorporated or Qualified <b>03/24/1994</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-3243131</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LUBRANO, ANDREW J 101 E. KENNEDY BLVD. SUITE 3700 - BARNETT PLAZA TAMPA FL 33602</b>	
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81 Name <b>Charles A. Otero</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3014 US Hwy 301 N.</b>
83 <b>Suite 400</b>
84 City <b>Tampa</b>
85 Zip Code <b>FL 33619</b>

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  DATE **4/5/99**

(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	VPSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, CAHRLAS A	1.2 NAME	
STREET ADDRESS	4515 OAK FAIR BLVD STE 103	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPA, FRANK P	2.2 NAME	
STREET ADDRESS	4515 OAK FAIR BLVD STE 103	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLBERT, ROEBRT D JR	3.2 NAME	
STREET ADDRESS	4515 OAK FAIR BLVD STE 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:  REQUIRED

(Signature typed or printed name of signing officer or director)

DATE **4/6/99** DAYTIME PHONE # **813-621-7354**