SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000026323 (3)

ENVIRO	ONMENTAL ENERGY TEC	CHNOLOGIES, INC.)	
Principal Place of Business Mailing Address 721 U.S. HIGHWAY 1 721 U.S. HIGHWAY 1					38 441 38 448 [184 2 3 44 38]
SUITE 223		SUITE 223			
NORTH PALM	BEACH FL 33408	NORTH PALM BEACH FL 33408		DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified	d 3a. Date of Last Report
				04/06/1994	07/12/1996
—	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0492034	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	***	C. Command of States Boomes	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year Intangible
24	25	29	30	Personal Property Tax due Jui	
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New F	legistered Agent
	EVER, LARRY F		81 Name		
4270 D HAZEL AVE			82 Street Add	dress (P.O. Box Number is Not Accept	able)
PAI	.M be ach gardens fl 334	10			,
			83		
			84 City		[a=1 7: 0 d
			Ony City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607, egistered agent, or both, in the S	0502 and 607.1508, Florida Statut tale of Florida, Such change was	tes, the above-named cor authorized by the coroors	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered
t	m familiar with, and accept the of	oligations of, Section 607.0505, FI	orida Statutes.		apt the appointment as registered
SIGNATURE	Signature, typed or printed name of registerer	FOM) Standard Medicard Indicators I	E: Registered Agent signature requ	uited when rejectation)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	DPS	☐ DELETE	1.1 TITLE	7.5577107107071111020710-017	Change Addition
NAME	SEEVER, LARRY F		1.2 NAME		
STREET ADDRESS	4270 D HAZEL AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEAHC GARDENS F	1.33410	1.4 City-St-Zip		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		C Change C Addition
STREET ADDRESS					
OTHER PARTIES			2.3 STREET ADDRESS		
TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS					
			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		
			I .		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY+ST-ZIP		
TITLE		☐ DELFTE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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 appearment with an address.

6.4 CITY-ST-ZIP

P/1500

FILED

Aug 05 1997 8:00am

Secretary of State