FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033798 (7)

1. Corporation Name
NESS FUMIGATION, INC.

Principal Place of Business:
9730 EAST HIBISCUS STREET
MIAMI FL 33157

Mailing Address:
9730 EAST HIBISCUS STREET
MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report:

4. FEI Number: 65-0485532 — Applied For / Not Applicable

2. Principal Place of Business — 21 / Suite, Apt. # etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. # etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

DEETS, SUSAN ESQ.
9370 SUNSET DRIVE STE. A-255
MIAMI FL 33173

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P. O. Box Number is Not Acceptable)
03
04 City — FL — 05 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 ______ DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NESS, CHARLES P
STREET ADDRESS	9730 N. HIBISCUS STREET
CITY-ST-ZIP	MIAMI FL 33157
TITLE	D
NAME	NESS, SCOTT
STREET ADDRESS	9730 E. HIBISCUS STREET
CITY-ST-ZIP	MIAMI FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (entries 1–6: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; [ ] Change [ ] Addition) — blank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE: Charles Ness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/22/95 Daytime Phone #: 305-233-7106

0170311 CP