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

PROFIT CORPORATION ANNUAL REPORT 1997



LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400040785

1. Corporation Name
National Environmetal Contractors, Inc.
15970 W. State Rd 84 #171

Sunrise, PL 33326

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

2a. Mailing Address

City & State

28

29

Suite, Apt. #, etc.

15970 W. State Rd. 84 Suite 171 Sunrise, FL 33324

3.	Date Incorporated or Qualified	3a.	Date of Last Report
4.	FEI Number		Applied For
	65-0684588		Not Applicable
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 in Florida Statutes	ntangi Yes	ble tax under s. 199.032, ☐ No
10	Name and Address of New Reg	istere	ed Agent

FILED

Jun 02 1997 8:00am

Secretary of State

Zip Code

J.Scott Biller 15970 W. STateRd. 87 \$171 Survise, FL 33326

Country

9. Name and Address of Current Registered Agent

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

Street Add

City

Country

SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	ale (NOTE, F	Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	·	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Director	DELETE	11 TITLE	Change Addition
NAME	J. Scott Biller		1.2 NAME	
STREET ADDRESS	15970 W. SR 81 *171		1.3 STREET ADDRESS	
CITY-ST-ZIP	Director 3. Scott Biller 15970 W. SR 84 #17/ SUNTISE, PL 33326		1.4 C(TY+ST-7.P	
TITLE		DELFTE	21 TITLE	Change Addition
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2 4 CITY - S1 - 7iP	
TITLE		DELETE	31THLF -	Change Addition
NAME	"		3 ? NAME	
\$TREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP	•.		3.4 CHY-\$1-7IP	
TITLE		□ DELETE	41 THILE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET AODRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - \$1 - 70°	
TITLE		DELETE	51 TALE	Change Addition
NAME			5.2 NAME	\bigcirc \bigcirc
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-S1-ZIP	
TITLE		☐ DELETE	6.1 THLE	Change Addition
NAME			G 2 NAME	3000022085 7 3 -06/11/9701052002
STREET AODRESS			6.3 STREET ADDRESS	
פול . זפ _עדויז			SACITY, ST. 2IP	***165.00

14. I do hereby certify that the information supplied with this filling 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 eath; 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

954/565-4333