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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400054165 (3)

POLLUTION PREVENTION CONSULTING, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1172 S DIXIE HWY 1172 S DIXIE HWY SUITE 150 SUITE 150 DO NOT WRITE IN THIS SPACE CORAL GABLES FL 33146 **CORAL GABLES FL 33146** 3. Date Incorporated or Qualified 07/21/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0518419 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SPINNENWEBER, JAMES 6454 S.W. 102 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 84 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TITLE SPINNENWEBER, JAMES NAME 1.2 NAME 1172 S. DIXIE HWY #150 STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-2IP CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 tude 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 reference amprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in iver or trustee em Block 12 or Block 13 if changed,

2/11/98

305-206-**0**825