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

FILED
SECRETARY OF STATE

DOCUMENT # **P94000079505 (1)**

1. Corporation Name
ENVIRONMENTAL AEROSCIENCES, INC.

Principal Place of Business
570 ARVIDA PARKWAY
CORAL GABLES FL 33156 ~~et~~
Miami, FL 33166-6202

Mailing Address
570 ARVIDA PARKWAY
CORAL GABLES FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report: —

21 2. Principal Place of Business: 18955 SW 168 St
26 2a. Mailing Address: ~~18955 SW 168 St~~ 8600 NW 41 Street
4. FEI Number: 65-0555615 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.: ~~MIA~~
27 Suite, Apt. #, etc.: Miami, FL 33166-6202
5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

23 City & State: MIAMI, FL
28 City & State:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

24 Zip: 33187
25 Country: ~~DADE~~
29 Zip:
30 Country:
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 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: (Registered Agent) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	D	11 TITLE	President	☒ Change ☐ Addition
12 NAME	SMITH, KEVIN W	12 NAME		
13 STREET ADDRESS	570 ARVIDA PARKWAY	13 STREET ADDRESS		
14 CITY ST ZIP	CORAL GABLES FL 33156	14 CITY ST ZIP		
21 TITLE	D	21 TITLE		☒ Change ☐ Addition
22 NAME	~~BALES, THOMAS G~~	22 NAME	"delete" - ERROR	
23 STREET ADDRESS	~~% 570 ARVIDA PARKWAY~~	23 STREET ADDRESS		
24 CITY ST ZIP	~~CORAL GABLES FL 33156~~	24 CITY ST ZIP		
31 TITLE	D	31 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
32 NAME	KLINE, KOREY R	32 NAME		
33 STREET ADDRESS	% 570 ARVIDA PARKWAY	33 STREET ADDRESS		
34 CITY ST ZIP	CORAL GABLES FL 33156	34 CITY ST ZIP		
41 TITLE	D	41 TITLE	SECRETARY/TREAS.	☒ Change ☐ Addition
42 NAME	SLACK, THEODORE C	42 NAME		
43 STREET ADDRESS	% 570 ARVIDA PARKWAY	43 STREET ADDRESS	9332 NW 48 Doral Terrace	
44 CITY ST ZIP	CORAL GABLES FL 33156	44 CITY ST ZIP	MIAMI, FL 33178	
51 TITLE	D	51 TITLE		☒ Change ☐ Addition
52 NAME	~~MOSSBERG, ANDREW E~~	52 NAME	"delete" - ERROR	
53 STREET ADDRESS	~~% 570 ARVIDA PARKWAY~~	53 STREET ADDRESS		
54 CITY ST ZIP	~~CORAL GABLES FL 33156~~	54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

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)(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 the 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: Theodore C. Slack, Jr. 3/02/95 305/793-0229
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0108100 CP