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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



ELÓBIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000021280 (9)

LANDTECH ENVIRONMENTAL SERVICES, INC.

Country

9. Name and Address of Current Registered Agent

25

1505 NO. FLORIDA AVENUE

Principal Place of Business

Principal Place of Business

Kass. Mike

**TAMPA FL 33602** 

Sulte, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc

26

27

28

29

12253 62ND ST N LARGO FL 34643

21

22

23

24

Zip

1505 NO. FLORIDA AVENUE TAMPA FL 33602-2613

## **FILED** Jan 29 1997 8:00am Secretary of State

	3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 04/23/1996	
	4. FEI Number	Applied For	
	59-3308346	Not Applicable	
	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
	10. Name and Address of New Re	gistered Agent	
Name			
Street Addr	ess (P.O. Box Number is Not Acceptab	ole)	

Zip Code

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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. DATE (NOTE Registered Agent signature required when reinstating) 13.

Country

81

82 Stree

83

City

30

**SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition TITLE 1.1 TITLE KASS, MIKE NAME 1.2 NAME 1505 NO. FLORIDA AVENUE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP 1.4 CITY - ST - 2IF DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELETE Change Addition 3.1 10111 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZiP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP

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 with an address

appears in Block 12 or B