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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

| PROFIT CORPORATION ANNUAL REPORT 1998                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # <b>P95000027289</b><br>1. Corporation Name: <b>SPECIALTY ENVIRONMENTAL INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                        |  |
| Principal Place of Business:<br><b>11362 NW 10 PLACE<br/>CORAL SPRINGS, FLA 33071</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Mailing Address:<br><b>Same</b>                                                                                                                                                                                                                                                                                                        |  |
| 2. Principal Place of Business:<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2a. Mailing Address:<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country                                                                                                                                                                                                                                              |  |
| 9. Name and Address of Current Registered Agent:<br><b>LYND LIPMAN<br/>11362 NW 10 PLACE<br/>CORAL SPRINGS, FLA. 33071</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 10. Name and Address of New Registered Agent:<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code                                                                                                                                                                                      |  |
| 11. Pursuant to the provisions of Sections 607.0102 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: _____ (NOTE: Registered Agent signature required when reappointing.) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                        |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                  |  |
| TITLE: <b>PRESIDENT</b> <input type="checkbox"/> DELETE<br>NAME: <b>LYND LIPMAN</b><br>STREET ADDRESS: <b>11362 NW 10 PLACE</b><br>CITY-ST-ZIP: <b>CORAL SPRINGS, FLA 33071</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>12 NAME: <b>600002487856--7</b><br>13 STREET ADDRESS: <b>-04/14/98--01044--008</b><br>14 CITY-ST-ZIP: <b>***150.00 ***150.00</b>                                                                                                                        |  |
| TITLE: <b>CEO</b> <input checked="" type="checkbox"/> DELETE<br>NAME: <b>ALDO MAYER</b><br>STREET ADDRESS: <b>129 RIVINGTON</b><br>CITY-ST-ZIP: <b>LANCASTER, PA 19406</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>22 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>23 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>24 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: <input type="checkbox"/> DELETE<br>NAME: <input type="checkbox"/> DELETE<br>STREET ADDRESS: <input type="checkbox"/> DELETE<br>CITY-ST-ZIP: <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>32 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>33 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>34 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE: <input type="checkbox"/> DELETE<br>NAME: <input type="checkbox"/> DELETE<br>STREET ADDRESS: <input type="checkbox"/> DELETE<br>CITY-ST-ZIP: <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>42 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>43 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>44 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| TITLE: <input type="checkbox"/> DELETE<br>NAME: <input type="checkbox"/> DELETE<br>STREET ADDRESS: <input type="checkbox"/> DELETE<br>CITY-ST-ZIP: <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>62 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>63 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>64 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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 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: <b>[Signature]</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Date: <b>4/1/98</b> Daytime Phone: <b>941-425-1064</b>                                                                                                                                                                                                                                                                                 |  |

CR2E034 (10/97)