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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500043056

ENVIRONMENTAL TECH CONSULTANTS, INC.

Principal Place of Business

Mailing Address

25158 S.W. 124TH COURT

25158 S.W. 124TH COURT

## FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90033 025 \*\*\*150.00



	BENN BANN ERN	II OULIO EXII XODI

MIAMI FL 33196	L 33196 MIAMI FL 33196			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed				
				06/02/1995				
2. Principal Pl	lace of Business	2a. Mailing Address	212/11	4. FEI Number	Applied For			
21 251	58 SW 124 CH	26 X5158 SU	0124C	T 65:0585631	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
22		27	متنت سنسمرك	3. Celificate of classes become	Fee Required = -	=		
23 HONO	steas, FL	28 Fromes tead	1,FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
ー <sup>zip</sup> フス』	Country A	ー Zip スカス) ー	Country A	8. This corporation owes the current year Inta				
24 27	05/25 05/1	29 33032 30	1021	1 dischary topolity taxy	Yes No			
	9. Name and Address of Current	Registered Agent	21 - 50-70	10. Name and Address of New Registered A	.gent			
ODIO, FREDERICK M 25158 S.W. 124TH COURT MIAMI FL 33196  81 Name Eberick M (STC) 82 Street Address IP 9 Box Number is Not Acae Public Court 83								
			84 City	tomestead FL	85 33032			
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								
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signature r	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	i		
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE	Pb	☐ Çhange ☐ Addition			
NAME	ODIO, FREDERICK M		1.2 NAME	ONTO FREKERICK, I	M	,		
STREET ADDRESS	25158 S.W. 124TH COURT		1.3 STREET ADDRESS	30,00 Sel 124 C	<i>†</i> '	1		
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP	Homestead FC.	33032	Š		
TITLE	STD	☐ DELETE	2.1 TITLE	Example Vice Proud	Change Addition	į		
NAME	ODIO, ALMA E		2.2 NAME	DITO AIMAE FRECE	Eray			
STREET ADDRESS	25158 S.W. 124TH COURT		2.3 STREET ADDRESS	250 SW 124 CO	レイナ	=		
CITY-ST-ZIP	MIAMI FL 33196		2. 4 CITY-ST-ZIP	THORRESTEGN, FL 3	3032			
TITLE	THINGS I CO	☐ DELETE	3.1 TITLE	Vice President	☐ Change			
NAME -			3.2 NAME	an lacate	,			
STREET ADDRESS		İ	3.3 STREET ADDRESS	agg Bricks LP Bery DRIVE	# 905			
CITY-ST-ZIP			3.4. CITY-ST-ZIP	miami, # , KA. 3313	_			
TITLE	4	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition			
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZiP			4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME		•			
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY+ST-ZIP					
TITLE	-	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME			6.2 NAME	·	.			
STREET ADDRESS			6.3 STREET ADDRESS		İ			
0.TD/ 0.T 3/D			64 CITY, ST. 7tP					

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 attashment with an address, with all other like impowered.

SIGNATURE:

NATION AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

1/22/99 258-5757 Date Dayume Phone #