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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000004253

1. Corporation Name

DRAGON ENVIRONMENTAL TECHNOLOGIES, INC.

Principal Place of Business	Mailing Addr
903 WEST 3RD STREET	903 WEST 3R
SANFORD FL 32771	SANFORD FL

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90238 034 ***150.00



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Principal Place of Business Mailing Address								T TERITORI (IN INIIN AII) I NEIII BRIIT ENEI NEIII AS	III BIBIO 1100	J 61188 1(11 1881
903 WEST 3RD	STREET	903	WEST 3RD STREET							
			SANFORD FL 32771					DO NOT WRITE IN THIS S	SPACE	
								3. Date Incorporated or Qualifed		
								01/12/1996		
2 Principal Pl	ace of Business	1 2a.	Mailing Address			_	-	4. FEI Number	A	pplied For
21		26	• • • • • • • • • • • • • • • • • • •					59-3398839	N _i	ot Applicable
Suite, Apt.	#, etc.	-	Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22	~	27	- i. ,	_		-	•	5. Certificate of Status Desired	Fee R	tequired
City & State	8		City & State	,				6. Election Campaign Financing		May Be
23		28		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Trust Fund Contribution	Added	to Fees
Zip	Country	Щ	Zip	_	untry			8. This corporation owes the current year Inta		
24	25	29		30	_			T Gradital Troporty Tax.	Yes	□No
	9. Name and Address of Current	Regis	stered Agent		81	Name		10. Name and Address of New Registered A	gent	
DIED	CE LC				"	Name				
,	CE, J G N FERN CREEK AVE				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	ANDO FL 32802				83	_			•	
UNL	ANDO PL 32802				03			_		
					84	City		FI	85 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florid	da. Such change was at	itnonze	a bv	tne corpo	corpoi pration	ration submits this statement for the purpose of c o's board of directors. I hereby accept the appoin	hanging its	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Registere	d Agen	t signature re	equired v	when reinstating) DATE		—— \
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AN	DIRECT	ORS IN 12
TITLE	D ·		☐ DELETE	1.1 T	ITLE				Change	Addition
NAME	MEECHAM, BASIL J			1.2 N	AME					ľ
STREET ADDRESS	9136 DOLLINGER COURT			1.3 S	TREET	ADDRESS)
CITY-ST-ZIP	ORLANDO FL 32819			1.4 C	ПҮ-\$	T-ZIP				
TITLE	VP		☐ DELETE	2.1 T	ITLE				☐ Change	Addition
NAME	KORKKI, E L			2.2 N	AME					
STREET ADDRESS	903 W 3RHD ST			2.3 S	TREET	ADDRESS				Ì
CITY-ST-ZIP	SANFORD FL 32771			2.40	CITY-S	T-ZIP				
TITLE	VP .		☐ DELETE	3.1 T	πLE				☐ Change	Addition
NAME .	Howard, Loren			3.2 N						ł
STREET ADDRESS	903 W THIRD ST			3.3 S	TREET	(ADDRESS	}			
CITY-ST-ZIP_	SANFORD FL		, , , , , , , , , , , , , , , , , , ,		CITY-S	T-ZIP			Change	- Addition
TITLE			☐ DELETE	4.1 T					☐ Change	Addition
NAME					NAME					
STREET ADDRESS						(ADDRESS				}
CITY-ST-ZIP			□ serere	_	ITY-S	T-ZIP			Change	Addition
TITLE			☐ DELETE	5.1 T 5.2 N			Į		L Change	
NAME						ADDRESS	ĺ			
STREET ADDRESS	1			3.3 3	HEE	WORNESS	ı			}

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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Daytime Phone #

☐ Change

☐ Addition