**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90122 031 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secr∈tary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000011287

1. Corporation Name

D & I. ODOR CONTROL, INC.

Principal Place of Business		Mailing Address								
		3967 CARAMBOLA CR. N GOCONUT CREEK FL 300					DO NOT WRI	ITE IN TAIS	SPACE	
		US				3. Date ncorporated or Qualifed				
							6/1996			
2. Principal Place of Business	<del></del>	2a. Mailing Address		_		4. FEI No			Ar	plied For
¬ ·		— ·				642156		<u> </u>	t Applicable	
21   Suite, /\pt. #, etc.		Suite, Apt. #, etc.							\$8.75	
$\neg$		27			5. Certifo	ate of Status Desired		Fee Re		
City & State		City & State				6 Flection	on Campaign Financing		\$5.00	May Re
23		28				1	Fund Contribution		Added t	• .
	Country	Zip	Cou	ntry		8 This (	orporation owes the cur	rent vear Int	angible	
24 25	, ,	29	30	-			nal Property Tax.			□No
	Address of Current	<del></del>		Γ		10. Name	and Address of New	Registered	Agent	
				81	Name					
MEADOWS, DONAL	DL			82	Chront Add	Isaas (D.O. Bo	Number is Not Accept	able)		
3967 CARAMBOLA CR. N.				02	Street Act	iress (F.O. Do	t Number is Not Accept	aule)		
COCONUT CREEK I	FL 33066			83						
			,						Ta-1 7:- (	
				84	City			F:L	85 Zip (	≎ode
11. Pursuant to the provisions office or registered agent, o agent. I am familiar with, ar	r hoth in the State of	t Florida. Such change was	authorized	ון עס נ	named c art he corporat	poration submi ion's board of	ts this statement for the directors. I hereby acce	pt the appo	changing its intment as re	gistered
SIGNATURE Signature from or print	ed n: me of registered agen	and title if apolicable (NO	E: Registered	Agent	signature requir	ed when reinstating		DATE		
12.	OFFICERS AND	<del></del>	13.				ONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE PD		☐ DELETE	1.1 TO	πÆ					☐ Change	Addition
NAME MEADOWS, D	ONALD L		1.2 NA	AME						
STREET ADDRESS 3967 CARAME			1		ADORESS					
CITY-ST-ZIP COCONUT CF			1.3 ST	REET /						
TITLE					i					j
NAME		☐ DELETE		TY-ST-	i				☐ Change	Addition
STREET ADDRESS		☐ DELETE	1,4 CF 2.1 TF	TY-\$T- TLE	i				Change	Addition
		☐ DELETE	1.4 Cr 2.1 Tr 2.2 N/	TY-ST- TLE AME	-ZIP			<u>-</u>	☐ Change	Addition
CITY-ST-ZIP TITLE		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 23 ST	TY-ST- TLE AME TREET	-ZIP ADDRESS		<u> </u>		Change	Addition
NAME		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 23 ST	TY-ST- TLE AME TREET /	-ZIP ADDRESS				☐ Change	Addition
			1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST- TLE AME IREET / ITY-ST TLE	-ZIP ADDRESS					
STREET ADDRESS			1.4 CI 2.1 TII 2.2 NA 2.3 SI 2.4 CI 3.1 TII 3.2 NA	TY-ST- TLE AME TREET / ITY-ST TLE AME	-ZIP ADDRESS					
STREET ADDRESS			1.4 Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 C 3.1 Tr 3.2 NA 3.3 ST	TY-ST- TLE AME IREET / ITY-ST TLE AME	-ZIP  ADDRESS -ZIP  ADDRESS					
CITY-ST-ZIP			1.4 Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 C 3.1 Tr 3.2 NA 3.3 ST	TY-ST- TLE AME TY-ST TLE AME TREET / TREET / TREET /	-ZIP  ADDRESS -ZIP  ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 SI 2.4 CI 3.1 TI 3.2 NA 3.3 SI 3.4. C	TY-ST- TLE AME TTY-ST TLE AME TREET / TREET / TLE TREET /	-ZIP  ADDRESS -ZIP  ADDRESS				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 SI 2.4 CI 3.1 TII 3.2 NA 3.3 SI 3.4. CI 4.1 TII 4.2 NA	TY-ST- TLE AME ITY-ST TLE AME IREET/ ITY-ST TLE IREET/ ITY-ST TLE AME	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change	☐ Addition (
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 SI 2.4 CI 3.1 TII 3.2 NA 3.3 SI 3.4. CI 4.1 TII 4.2 NA 4.3 SI	TY-ST- TLE AME TTY-ST TLE AME TREET TLE TTY-ST TLE TREET TLE AME	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 CI 2.1 TI 2.2 NA 2.3 SI 2.4 CI 3.1 TII 3.2 NA 3.3 SI 3.4. CI 4.1 TII 4.2 NA 4.3 SI	TY-ST- TLE  AME TREET / TTY-ST TLE  AME TY-ST TLE  AME TY-ST TY-ST- TY-ST-	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4, CF 4.1 TF 4.2 NA 4.3 ST 4.4 CF	TY-ST- TLE  AME TREET / TLE  AME TREET / TLE  AME TREET / TY-ST TLE  TY-ST- TLE	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4, CF 4.1 TF 4.2 NA 4.3 ST 4.4 CF 5.1 TF 5.2 NA	TY-SI- ILE AME IREET / ITY-SI ILE AME IREET / ITY-SI ILE IREET / ITY-SI ILE TY-SI ILE AME	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE 3S		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 4.4 CF 5.1 TF 5.2 NA 5.3 ST	TY-SI- ILE  AME IREET / ITY-SI ILE  AME IREET / ITY-SI ITY-SI ITY-SI ITY-SI ITY-SI ITY-SI ITY-SI ITY-SI ITE IREET / ITY-SI	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE 3S CITY-ST-ZIP		☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 4.4 CF 5.1 TF 5.2 NA 5.3 ST	TY-SI- TLE  AME TREET / TLE  AME TREET / TLE  TY-SI TLE  TY-SI TLE  TY-SI TLE  TY-SI TREET / TLE  TREET / T	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE 3S		☐ DELETE	1.4 CI 2.1 TII 2.2 NA 2.3 SI 2.4 CI 3.1 TII 3.2 NA 3.3 SI 3.4. C 4.1 TI 4.2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NA 5.3 SI 5.4 CI	TY-SI- ILE  AME IREET / ITY-SI ILE  AME IREET / ITY-SI- ILE  AME IREET / ITY-SI- ILE  AME IREET / ITY-SI- ITY-	ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS - ZIP				☐ Change ☐ Change ☐ Change	Addition

CITY-ST-ZIP 14. 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 recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address, with a lother like empowered.

SIGNATURE:

STREET ADDRE 3S

Mice pos SIGNATURE AND TYPED OR I RINTED NAME OF SIGNING OFFICES: OR DIRECTOR

Daytime Phone #