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 # P96000014085 1. Corporat on Name

ENVIRONMENTAL PLACEMENTS, INC.

Principal Place of Business	;
5415 TENTH FAIRWAY DR #	3

Mailing Address

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90193 001 ***150.00



S415 TENTH FA		5415 TENTH FAIRWAY DR DELRAY BEACH FL 33484	#3			DO NOT WRITE IN THI 3 SPACE 3. Date Interporated or Qualified 02/19/1996
2. Principal	lace of Business	2a. Mailing Address		_		4. FEI Nur iber Applied For
21		26				65-0653857 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	- -			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country 25	Zip	Coun	try		8. This conporation owes the current year Intangible Persona Property Tax. No
	9. Name and Address of Current	Flegistered Agent				10. Name and Address of New Registered Agent
				31	Name	
CANNON, CAROL J 5415 TENTH FAIRWAY DR #3				Street Add e	ress (P.O. Box Number is Not Acceptable)	
DELI	RAY BEACH FL 33484		1	33		
			1	84	City	FI 85 Zip Coce
i office or to	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida: Such change was a	authorized i	by 1	the corporation	oration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered
L	Signature, typed or printed name of registered agent		- i -	gent	t signature require i	
12.	O FICERS AND	DELETE	13.			ADDITION S/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	PD CANDON CAROL I	□ DECEIE	1.1 TITL 1.2 NAM			Onange Available
STREET ADDRESS	CANNON, CAROL J 5415 TENTH FAIRWAY DR #3				ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY		1	
TITLE	DEBINI DENOTIFE	☐ DELETE	2.1 TITL	_		Change [] Addition
NAME			2.2 NAM	ΙE		
STREET ADDRESS			2.3 STR	EET	ADDRESS	
CITY-ST-ZIP			2.4 CIT	Y- \$1	T-ZIP	
TITLE		☐ DELETE	3.1 TITL	E		☐ Change ☐ Addition
NAME			3.2 NAM			
STREET ADDRESS			4		ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL	_	1-4P	Change [] Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CITY	′-ST	r-ZIP	
TITLE		☐ DELETE	5.1 TITL			Change [] Addition
NAME			5.2 NAM			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CITY		- ZIP	F1.100
TITLE		☐ DELETE	6.1 TITL			Change [] Addition
NAME (62 NAM		ADDRESS	
STREET ADDRESS			6.3 STR	CE	ADDRESS	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated cn 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.