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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000021803 (7)

AAA ENVIRONMENTAL, INC.

FILED
May 15 1998 8:00am
Secretary of State

	···	LITTAL, IITO.									
Principal Plac		ss	Mailing Address							00129 (1) (20)	
6679 MOORE PO BOX 370	RD		6679 MOORE RD PO BOX 370								
MATTYDALE I	NY 13211			MATTYDALE NY 13211				DO NOT WRITE IN THIS SPACE			
US			US					3. Date Incorporated or Qualified 03/08/1996			7
2. Principal Place of Business			2a. Mading Address	2a. Mading Address				4. FEI Number		Applied For	┪
21			26					65-0658893		Not Applicable	,
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<u>├</u> ¬ '''				5. Certificate of Status Desired		5 Additional	
City & State			City & State	City & State						Required	4
23	Ü		28				6. Election Campaign Financing		00 May Be		
Zip		Country	7 _(p)					Trust Fund Contribution 8. This corporation owes or has paid the		ed to Fees	\dashv
24		25	29	h				Personal Property Tax due June 30.	Yes	Intangible ☑ No	
	9. Name	and Address of Curre	ent Registered Agent	13.51	Ι			10. Name and Address of New Registe			4
		N SERVICE COMPA	NY		81	Name					1
	1 HAYS S				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			+
TAL	.LAHASSE(FL 32301-2525						to the Dex Harrison to Hot Modephasis,			
					83						7
					84	City			85 Zi	ip Code	+
11 Durement	to the provin	one of Spations 607 Of	00 and 007 1000 Floride Che	1t 1b					╸┃_ ┃	`	╛
office or re	egi ste red ag	gent, or both, in the Stat	le of Florida. Such ch ange w a	itotes, trie a is authorize	d by	the cor	i corpor poration	ration submits this statement for the purporn's board of directors. I hereby accept the	se of changing appointment	j its registered as registered	
agent rat	m t a mılıar wi	th, and accept the obli	gations of, Section 607.0505,	Florida Sta	tutes	S .				ŭ	1
SIGNATURE .	Signature, typed	or printed name of registered a	gord and title if applicable (NOTE Registere	d Ane	nt signature	required	when reinstating) DA	re .		
12.		OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	18
TITLE	PST		☐ DELETE	1.17	ITŁE				☐ Chang		19
NAME		STEVEN M.		1.2 N	1.2 NAME		l				1
STREET ADDRESS		JEEN PERRY CIR		1.3 S	TREET	ADDRESS					}
CITY-ST-ZIP	-	ATON FL		1.4 0	ITY-S	T - ZIP					_]∑
TITLE	SVP	R, WILLIAM M.	☐ DELETE	2 1 T					L Change	e 🔲 Addition	١٩
NAME		ORE RD		2.2 N					•		
STREET ADDRESS	MATTYD			1		ADDRESS					1
CITY-ST-ZIP TITLE			DELETE	2. 4 C	HY-S	1 - ZIP			Change	a Addition	┨
NAME			beccit	3.1 H				•	C Change	e LJ Addition	l
STREET ADDRESS						ADDRESS					1
CITY-ST-ZIP					ITY-S						
TITLE			DELETE	4.1 Ti		. 411	 -		☐ Change	e Addition	1
NAME				4. 2 N	IAME				- •	_	
STREET ADDRESS						ADDRESS					1
CITY-ST-ZIP				4.4 CI	IY-SI	1 - ZIP					l
TITLE			DELETE	5.1 Ti					☐ Change	Addition	1
NAME				5.2 N/	AME						
STREET ADDRESS				5.3 \$1	IREET A	ADDRESS					
CITY-ST-ZIP				5.4 CI	1Y-\$1	- ZIP					
TITLE			DELETE	6.1 TI	TLE				Change	Addition	1
NAME				6.2 N/	AME						
STREET ADDRESS				63 51	REET /	ADDRESS					
CITY-ST-ZIP				6.4 CI	TY·ST	- 7 IP					1

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustog 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.