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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000028943 (4)

BIOTECH ENVIRONMENTAL OF FLORIDA, INC.

Principal Place of Business			Mailing Addre	Mailing Address			b santinut ten same miers mater mater antit antit antit sams samt sate andes ein samt		
	6981 NW 5TH COURT MARGATE FL 33063			8981 NW 5TH COURT MARGATE FL 33063-4353					
							3. Date Incorporated or Qualified 04/03/1996	3a. Date of Li	ast Report
	2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4. FEI Number		Applied For
	21		26						Not Applicable
į	Suite, Apt	#, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desired		75 Additional
ŀ	22		27						e Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
į	Z (p)	Country	Zip		Country	,	This corporation has liability for		
	24	25	29	30]		· · · · · · · · · · · · · · · · · · ·	Yes Xivo	161 B. 159,032,
ı		g, Name and Address of C			'		10. Name and Address of New Re		
l	MAG	NES, BARRY			81	Name			
6981 NW 5TH COURT MARGATE FL 33063				B2 S		Street Ar	ddress (P.O. Box Number is Not Acceptal		
						Direct V	doress (F.O. box Number is Not Acceptat	ole)	
					63				
l					B4	City		85	Zip Code
l						City		FL °°	zip code
l	11, Pursuant	to the provisions of Sections 60	07 0502 and 607.1508, Fl	orida Statutes, t	the above	e-named c	orporation submits this statement for the p	ourpose of chang	ing its registered
	agent La	in familiar with, and accept the	obligations of, Section 6	07.0505, Florida	a Statute:	y the corpo S.	ration's board of directors. I hereby acce	ht trie appointme	it as registered
	SIGNATURE	Stigrature Typert or printed name of registe	erod agent and title if applicable.	(NOTE: Re	gistered Age	ent signature re	ogulted when reinstating)	DATE	
ĺ	12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12
Ì	Tif , F	D	X	DELETE	1.1 TITLE			☐ Cha	nge Addition
Į	NAME	Magnes, Lori	•	•	1.2 NAME	ļ			
	SPREET ADDRESS	7804 NW 71ST ST			1.3 STREET	ADDRESS			
	City - St - ZiP	TAMARAC FL 33321			1.4 CITY-5	T-21P		· · · · · · · · · · · · · · · · · · ·	
ļ	Titl.E	D	<u>[</u>]	DELETE	2.1 TITLE			☐ Cha	nge L. Addition
	NAME	MAGNES, BARRY			22 NAME	ł	÷		
	STREET ADDRESS	6981 NW 5TH COURT			2.3 STREET	ADORESS			
	C(TY - ST - 7IP	MARGATE FL 33083			2 4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		14.00
	TIILE	D DOUANG PETER	Ш	DELETE	3 1 TITLE			∐ Cha	nge L Addition
	NAME	ROMANO, PETER			3.2 NAME				
	STREET ADDRESS	7935 NW 8TH CT MARGATE FL 33063			33 STREET				
	CHTY+ST-ZIP TITLE	MARIONIE PL 33003		DELETE	34 CITY-	ST-ZIP		T Cha	nge Addition
	NAME			ULLEIL	4.1 TITLE 4. 2 NAME	1		L. Clia	inge LI AUGINON
	NAM: STREEL ADDRESS				4.2 NAME	1			
						1			
-	CITY - S1 - ZIP TITLE	***************************************		DELETE	4.4 CITY - S 5 1 TITLE	i zir		Cha	inge Addition
	NAME		L	Delete.	5.2 NAME	-		L. 0110	
ļ	SYREET ADDRESS			,	5.3 STREET	ADORESS			
	CHTY - ST - ZIP				5.3 STREET				
	TITLE			DELETE	6.1 TITLE	1128		Cha	nge Addition
	NAME I				6.2 NAME				U
-	STREET ADDRESS					ADDRESS			
	D HILL AUUMERS				J.S STITLE	ADDITES.			

BARRY MAGNES

14. To horeby 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 have 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.

FILED

Apr 25 1997 8:00am

Secretary of State