

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

FILED

Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000031023 (0)**

1. Corporation Name

ALLIED ENVIRONMENTAL, INC.

Principal Place of Business

**10689 NORTH KENDALL DRIVE, SUITE 312
MIAMI FL 33176**

Mailing Address

**10689 NORTH KENDALL DRIVE, SUITE 312
MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

65-0666568

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 **4715 NW 157 Street**

Suite, Apt. #, etc.

22 **201**

City & State

23 **Miami FL**

Zip

24 **33014**

Country

25 **USA**

2a. Mailing Address

26 **4715 NW 157 Street**

Suite, Apt. #, etc.

27 **201**

City & State

28 **Miami FL**

Zip

29 **33014**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**O'BRIEN, JOHN L
10689 NORTH KENDALL DRIVE, SUITE 312
MIAMI FL 33176**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4715 NW 157 Street

Suite 201

84 City

Miami

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPST** ☐ DELETE

NAME **O'BRIEN, JOHN L**
STREET ADDRESS **10689 NORTH KENDALL DRIVE, SUITE 312**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE

NAME **ROTHENBURG, MICHAEL W**
STREET ADDRESS **696 1ST AVE N #100**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P** ☐ DELETE

NAME **TOSTANOSKI, JOHN E**
STREET ADDRESS **4715 N.W. 157TH STREET, SUITE 201**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**4715 NW 157 ST, #201
MIAMI FL 33014**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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

SIGNATURE:

J. An O'Brien

2/3/98

305-626-8826

CR2E034 (1097)