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 # 1. Corporation Name P96000072808 (4)

ENTECH SERVICES, INC.

Principal Place of Business 8479 KUMOUAT AVENUE NORTH SEMINOLE FL 33777 US 2. Principal Place of Business		Mailing Address		L 184111841 518 10510 01111 00111 00511 00111 00111 10018 51001 10111 00141	OH HIT		
SEMINOLE FL 33777		8479 KUMOUAT AVENUE NORTH SEMINOLE FL 33777 US		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				09/03/1996			
	al Place of Business	2a. Mailing Addre	oss	4. FEI Number Apr	olied For		
21		26		59-3399291 Not	Applicable		
Suite, A	Apt. #, etc.	Suite, Apt. #,	etc.	5. Certificate of Status Desired Fee Rec			
City & State		City & State			\$5.00 May Be Added to Fees		
Zip 24	Country 25	7ιρ 29	Country 30	8. This corporation owes or has paid the current year Inta Personal Property Tax due June 30.	ngible No		
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
	Amerilawyer Chartered 343 Almeria Avenue Coral Gables Fl 33134		81 Name 82 Street A	Address (P.O. Box Number is Not Acceptable)			
1			R4 City	er Zio C	odo.		

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 mine of registered agent and little if a	uniceble (NOT	E: Registered Agent signature requi	red when reinstating) DATE	~···	
12.	OFFICERS AND DIRECTO		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	SPRECHER, CLARENCE W		1.2 NAME			
STREET ADDRESS	8479 KUMQUAT AVENUE NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34647		1.4 CITY - ST - ZIP			
TITLE	VD	DELETE	2.1 TITLE		Change	Addition
NAME	SPRECHER, ROBERT G		2.2 NAME			
STREET ADDRESS	8479 KUMQUAT AVENUE NORTH		2.3 STREET ADDRESS	-A		
CITY-ST-ZIP	SEMINOLE FL 34647		2 4 CITY - ST - ZIP			
TITLE	STD	DELETE	3.1 TITLE		Change	Additio
NAME	SPRECHER, MARK A		32 NAME			
STREET ADDRESS	8479 KUMQUAT AVENUE NORTH		3.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34647		3 4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-S1-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST. 7IP			SACITY ST 7ID			

14. Thereby 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 or an attachment with an address

SIGNATURE:

CLARENCE W. JERECIMER

4-1-98

FILED

Apr 07 1998 8:00am

Secretary of State

813-391-6785