


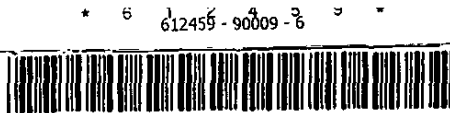
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

39.

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90001 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																													
DOCUMENT # P96000098561 1. Corporation Name ENVIROCON ENTERPRISES INC.																																																															
Principal Place of Business 7160 NW 45TH ST STE 12 FORT LAUDERDALE FL 33319		Mailing Address 7160 NW 45TH ST STE 12 FORT LAUDERDALE FL 33319																																																													
2. Principal Place of Business 21 361 NW 97TH AVE Suite, Apt. #, etc. 22 12		2a. Mailing Address 26 361 NW 97TH AVE Suite, Apt. #, etc. 27 12																																																													
City & State 23 PLANTATION, FL		City & State 28 PLANTATION FL																																																													
Zip 24 33324		Zip 29 33324																																																													
Country 25 USA		Country 30 USA																																																													
9. Name and Address of Current Registered Agent STEELMAN, HOWARD 7160 NW 45TH ST STE 12 FORT LAUDERDALE FL 33319 <i>Howard Steelman</i>																																																															
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11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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 <i>Howard Steelman</i> DATE 7/29/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																															
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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, upon an attachment with an address. SIGNATURE: <i>Howard Steelman Pres</i> DATE 7/29/99 PHONE 134-587-1454 <small>Signature and typed or printed name of signing officer or director</small>																																																															



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number

65-0712736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.

☐ Yes☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 **361 NW 97TH AVE, SUITE 12**84 City **PLANTATION** FL Zip Code **33324**

11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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FORT LAUDERDALE FL 33319

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (5/99)