Applied For Not Applicable

\$8.75 Additional

\$5.00 May Be

Added to Fees

PROFIT CORPORATION ANNUAL REPORT

CEDDITO ANDDEW T



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9700043526

ENVISION ENVIRONMENTAL TE	CHNOLOGIES, INC.		
Principal Place of Business	Mailing Address		
6350 NORTH ANDREWS AVENUE #100	1209 NE 1ST ST FORT LAUDERDALE FL 33301		
FORT LAUDERDALE FL 33309	US		
Principal Place of Business 21	2a. Mailing Address 26 L 49 L S. Hickus Rd.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
23	28 Davil Pla_		
Zip Country	Zip Country		
24	29 33325 30 U.S.		

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90159 002 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/16/1997 4. FEI Number

65-0760886

#100 FORT LAUDERDALE FL 33309 #4 City FL #5 Zip Code 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 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, and accept the objection 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and amend and course the objection 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent are manual courses. I hereby accept the appointment as registered agent are registered agent are required when reinstating) DATE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. PORT LAUDERDALE FL 33301 THE 1.1 TITLE SIGARS, ANTHEA HANCOCK 12NAWE 12NAWE 1.3 STREET ADDRESS 1.4 CITY-ST-ZP THE 2.2 NAWE 2.2 NAWE 2.2 NAWE 2.2 NAWE 3.3 STREET ADDRESS 3.4 CITY-ST-ZP THE 1.1 TITLE Change Addition AME TREET ADDRESS TW-ST-ZP THE 1.2 CHange Addition AME REET ADDRESS TW-ST-ZP DELETE 5.1 TITLE 1.3 TITLE Change Addition Addition AME TREET ADDRESS TW-ST-ZP DELETE 5.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZP THE 1.2 CHange Addition AME TREET ADDRESS TW-ST-ZP THE 1.3 TITLE 1.4 CITY-ST-ZP THE 1.4 TITLE THE 1.4 CITY-ST-ZP THE 1.4	6350 NORTH ANDREWS AVENUE			82 Street Address (P.O. Box Number is Not Acceptable)			
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 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, 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, and armiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Interpolation Interpol				 			
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 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, 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, and armiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Interpolation Interpol					· · · · · · · · · · · · · · · · · · ·		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In nereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In nereby accept the appointment as registered agent, or both, in the State of Florida. Statutes. Intermoderation of the property of the p			84	City	FL 85 Zip Code		
Signature, Typod or printed range of registered Agent and title if applicables (NOTE: Registered Agent signature required when reinstation) DATE	office or re	egistered agent, or both, in the State of Florida. Such change was	authorized by	the corp	ed corporation submits this statement for the purpose of changing its registered irporation's board of directors. I hereby accept the appointment as registered		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE D SIGARS, ANTHEA HANCOCK 12 NAME AME SIGARS, ANTHEA HANCOCK 12 NAME 1209 NE 1ST STREET THY-ST-ZIP THE AME AME RIGETADDRESS 14 CITY-ST-ZIP THE AME AME RIGETADDRESS 17 ST-ZIP THE DELETE 31 STREET ADDRESS 17 ST-ZIP THE AME 32 NAME 32 NAME AND DELETE 31 STREET ADDRESS 17 ST-ZIP THE AME 32 NAME 32 NAME 33 STREET ADDRESS 17 ST-ZIP THE AME 4 CITY-ST-ZIP THE AND DELETE 31 STREET ADDRESS 18	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NO	TE: Registered Age	nt signature	re required when reinstating) DATE		
TILE D SIGARS, ANTHEA HANCOCK 1209 NE 1ST STREET 1.3 WASE 1.4 GITY-ST-ZIP FORT LAUDERDALE FL 33301	12.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TREET ADDRESS TY-ST-ZIP TORT LAUDERDALE FL 33301 TREET ADDRESS TY-ST-ZIP TREET	TITLE	D DELETE	1,1 TITLE		Change Addition		
TREET ADDRESS TY-ST-ZIP TORT LAUDERDALE FL 33301 TREET ADDRESS TY-ST-ZIP TREET	NAME :	SIGARS, ANTHEA HANCOCK	1.2 NAME		SIGARS Summel K.		
DELETE	STREET ADDRESS	•	1.3 STREE	TADDRESS	ss 1941 3. Hatus Rd.		
AME	CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-S	T-ZIP	DANY EL 33325		
TREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
### 2.4 CITY-ST-ZIP ####################################	NAME		22 NAME				
DELETE DELETE S.1 TITLE Change Addition	STREET ADDRESS	•	· 2.3 STREE	T ADDRESS	SS CONTRACTOR CALL		
AME AME 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS AL CITY-ST-ZIP TITLE AME AME AL CITY-ST-ZIP AL CITY-ST-ZIP AL CITY-ST-ZIP AL CITY-ST-ZIP TITLE AME TREET ADDRESS TITLE AME AME AME AME AME AME AME TREET ADDRESS	CITY-ST-ZIP		2. 4 CITY-	ST-ZiP			
TREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE	☐ OELETE	3.1 TITLE		☐ Change ☐ Addition		
34. CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition Addi	NAME		3.2 NAME				
DELETE DELETE 4.1 TITLE Change Addition	STREET ADDRESS		3.3 STREE	T ADDRESS	ss		
AME	C/TY-ST-ZIP		3.4. CITY-5	ST-ZIP			
### 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP	TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
A CITY-ST-ZIP	NAME		4. 2 NAME				
TILE	STREET ADDRESS		4.3 STREE	TADDRESS	ss		
52 NAME	CITY-ST-ZIP		4.4 CTY+S	T-ZIP			
### 5.3 STREET ADDRESS ###################################	TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition		
	NAME (5.2 NAME				
TILE : : 15 Change Addition	STREET ADDRESS		5.3 STREE	T ADDRESS	SS		
	CITY-ST-ZIP	The state of the s	5.4 CITY- S	T-ZIP			
we 33 discussions to the contract of	TITLE 1988	□ DELETE	6.1 TITLE		☐ Change ☐ Addition		
AME BIRTHAN AND AND AND AND AND AND AND AND AND A	NAME 177.	STR ATTORNEY COLUMN	6.2 NAME				
TREET ADDRESS 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STREET ADDRESS	杉子のはおきと	6.3 STREE	TADDRESS	SS		
6.4 CITY-ST-ZIP	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	14. I hereby o	certify that the information supplied with this filing does not qualify	for the exempt	ion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information		

Name .

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, which all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/ 99 577-9662 Date Daylime Phone #

XZE034 (11/98