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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Apr 20 1998 8:00am

Secretary of State

(561)-687-9224

4/13/98

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

P97000100364 (3)

KOVACS ENVIRONMENTAL SERVICES, INC.

Principal Place of Business Mailing Address										(B 1811) (B B1) 61		EB16/3181/81	III ODIOL IMIE OI	
4815 VIA PAL			-	4815 VIA PALM LAKE APT. 1403										
WEST PALM	ST PALM BEACH FL 33417													
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									3. Date Incorp		lualitied	d		
		<del></del>		9:= - <b>A d d</b>					11/24/19 4. FEI Numbe	<del>99</del> 7				nation for
2. Principal Pl	lace of Busi	ness	<b>├</b> ──	2a. Mailing Address				ŀ	65-0	7/1: 1	Jr J			pplied For ot Applicable
Suite, Apt.	4 oto			Suite, Apt #, etc.					0.10	<u> </u>	, ,			Additional
22 Suite, Apr.	W, BIC		<b>├</b> ──¬ `	<b>├</b> ─¬ ' ' '				i	<ol><li>Certificate</li></ol>	of Status De	sired	X		equired
City & State				City & State					6. Election Ca	mosion Fin	encina			May Be
23			- H	28					-	Contribution	_	M		to Fees
Zip Country			Zip	<u> </u>								paid the c	urrent year In	tangible
24	_ `		29	9. 30				j	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No					
	9. Name	and Address of Ci	urrent Registered	d Agent					10. Name and	Address o	New F	Registered	l Agent	
ко	VACS. BR	ANDON				81	Name	,						
4815 VIA PALM LAKE APT. 1403						82 Street Address (P.O. Box No				nber is Not	Accept	able)		
		BEACH FL 33417					0,,00							
						83			•		•			
						84	City						85 Zip	Code
												<u>F</u> I		1
11. Pursuant	to the provis	sions of Sections 607 gent, or both, in the	7.0502 and 607.19	508, Florida Stati	utes, the a	bove	-named	d corpor	ation submits th	is statemen	t for the	purpose	of changing in	its registered
agent La	ım familiar w	ith, and accept the	obligations of Sec	ction 607.0505, F	Florida Sta	tutes	ine cor	poration	TS DOBIG OF OIL	,01013. T HON	, aoc	opi ino u	pontinon ac	, rogisto ou
SIGNATURE														
	Signature, types	or printed name of register			DIE: Registere 13.	d Age	nt signature	e required	when reinstaling)			DATE	ID DIDEOTO	50.11.40
12.	OFFICERS AN							107		CHANGES	IO OH	FICERS AF	ND DIRECTO	Addition
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													C. C. ING. IBO	
NAME					6.2 N								C. C. C. C.	_

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.

Brandon Kovaks