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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000027256

FLORIDA ENVIRONMENTAL CONSTRUCTION TECHNOLOGY, I

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90069 012 \*\*\*150.00



NC.									
Principal Place of Business Mailing Address								10 11211 12210 11201	B1119 B111 1881
1504 HERITAGE DRIVE 1504 HERITAGE DRIVE VALRICO FL 33594 VALRICO FL 33594							DO NOT WRITE IN TH	IS SDACE	
							3. Date Incorporated or Qualifed	IS SPACE	
	(B. )		Anilian Addraga				03/20/1998 4. FEI Number	ΙTΔr	polied For
	ace of Business	— <u>—</u> —	Mailing Address			Ŀ	59-3497676		ot Applicable
21 Suite Ant	# ata	26	Suite, Apt. #, etc.				31=3471476	4 5	Additional
Suite, Apt. #, etc.			June, Apr. #, etc.				5. Certificate of Status Desired	Fee Re	
City & State		27	City & State				6. Election Campaign Financing	\$5.00	May Be
	3	28	on, a one				Trust Fund Contribution		to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year	ntangible	
24	25	29	- <b>-</b>	30	•		Personal Property Tax.	Yes	DNo.
	9. Name and Address of Curre		red Agent	1901			10. Name and Address of New Registers	d Agent	
			<u> </u>		81	Name			
Cleveland, Teresa					0	Address (P.O. Box Number is Not Acceptable)			
1504 HERITAGE DRIVE				82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)			
VALF	RICO FL 33594				83				
					84	City	F	85 Zip	Code
	to the provisions of Sections 607.0	502 and 603	7 1508 Florida Statu	itee the a	hove		vision submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the Stat	e of Florida	. Such change was	authorized	d bv	the corporation	n's board of directors. I hereby accept the app	ointment as re	gistered
agent. I ai	m familiar with, and accept the obli	gations of, S	Section 607.0505, FI	orida Stat	utes	•			
SIGNATURE							when reinstating) DATE		
	Signature, typed or printed name of registered a OFFICERS A			_ <del>-</del> -	Agen	t signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
12.	P	AND DIREC	DELETE	13.	ΠF		ADDITIONO/CITANGES TO CITTICENCE	☐ Change	☐ Addition
TITLE	•		<u> </u>	1.2 N					_
NAME	CLEVELAND, TERESA					r ADDDCCC			
STREET ADDRESS	1504 HERITAGE DRIVE					ADDRESS			
CITY-ST-ZIP	VALRICO FL 33594		☐ DELETE		ITY-\$	T-ZIP	<u> </u>	☐ Change	Addition
TITLE			□ DELE16	2.1 Ti					
NAME				2.2 N					
STREET ADDRESS						T ADDRESS			
CITY-ST-ZIP						ST-ZIP		Change	Addition
TITLE			☐ DELETE	3.1 T				CT Change	
NAME				3.2 N	AME				
STREET ADDRESS				3.3 S	TREET	T ADDRESS			
CITY-ST-ZIP						ST-ZIP			
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STREET ADDRESS				4.3 S	TREET	TADORESS			
CITY-ST-ZIP				4.4 C	(TY-\$	T-ZIP		——————————————————————————————————————	
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NAME				5.2 N					
STREET ADDRESS				5.3 S	TREET	TADDRESS	•		
CITY-ST-ZIP				54 C	ITY-S	T-ZIP			
TITLE			☐ DELETE	6.1 T	ITLE			Change	Addition
NAME				6.2 N	AME	1			
STREET ADDRESS				6.3 \$	TREET	T ADDRESS			
CITY-ST-ZIP				6.4 C	ITY-S	T-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, with all other like empowered.

SIGNATURE: