SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DO

## **FILED** Jul 23, 1999 8:00 am Secretary of State

07-23-1999 90004 037 \*\*\*150.00

| 1. Corporation                          |  | # P980(   | יטטעטטע                   | 21                                     |                           |       |                    |                          |   |            |  |
|---|--|---|---------------------------|--|---------------------------|-------|--------------------|--------------------------|---|------------|--|
| ,                                       |  | MENTAL SAFE                                     | TY CONSULT                | TANTS, INC.                            |                           |       |                    |                          | 1   |            |  |
| IIAIIIII                                | LIVE   | MICHINE ON E                                    | II OONOOL                 | 171110, 1110.                          |                           |       |                    | /                        | t taken and the taken cannot dannot annot early early contributed to be an annotated the  | O) (AC)    |  |
|   |  |   |                           |  |                           |       |                    |                          |   |            |  |
| Principal Plac                          | o of Rusines                                     |   | Mailing                   | Address                                |                           |       |                    |                          |   | OL TOO!    |  |
| 305 NW 203 TE                           |  | •   | -                         | 305 NW 203 TERRACE                     |                           |       |                    |                          |   |            |  |
| MIAMI FL 33169                          |  |   |                           | MIAMI FL 33169                         |                           |       |                    |                          |   |            |  |
|   |  |   |                           |  |                           |       |                    |                          | DO NOT WRITE IN THIS SPACE  |            |  |
|   |  |   |                           |  |                           |       |                    |                          | 3. Date Incorporated or Qualified 08/07/1998  |            |  |
|   |  |   |                           | La Marilla Address                     |                           |       |                    |                          | 4. FEI Number Applied For   |            |  |
| 2. Principal P                          | lace of Busin                                    | iess  |                           | 2a. Mailing Address                    |                           |       |                    |                          | 65-0858199 Not App  |            |  |
| Suite, Apt.                             | # etc  |   | 26                        | Suite, Apt. #, etc.                    |                           |       |                    |                          | \$8.75 Additi   |            |  |
| 22 Suite, Apt.                          | #, GIU.  |   | 27                        |  |                           |       |                    |                          | 5. Certificate of Status Desired Fee Require  |            |  |
| City & Stat                             | <br>te   |   |                           | City & State                           |                           |       |                    |                          | 6. Election Campaign Financing \$5.00 May Be  |            |  |
| 23                                      |  |   | 28                        |  |                           |       |                    |                          | Trust Fund Contribution Added to Fees   |            |  |
| Zip                                     |  | Country   | Zip                       |  | Cour                      | ntry  |                    |                          | 8. This corporation owes the current year   |            |  |
| 24                                      |  | 25  | 29                        | 29 30                                  |                           |       |                    | _                        | Intangible Personal Property. Yes No  |            |  |
|   | 9. Name  | and Address of C                                | urrent Registere          | d Agent                                |                           | -17   |                    | _                        | 10. Name and Address of New Registered Agent  |            |  |
| HAD                                     | RIS, ARNO  | n E   |                           |  |                           | 81    | Name               |                          |   |            |  |
|   | NW 203 TE  |   |                           |  |                           |       | Street             | Addre                    | ess (P.O. Box Number is Not Acceptable)   |            |  |
| ļ                                       | /II FL 3316!                                     |   |                           |  |                           |       |                    |                          |   |            |  |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | IH 1 E 00 10.                                    | •   |                           |  |                           | 83    |                    |                          |   |            |  |
|   |  |   |                           |  |                           | 84    | City               |                          | FL 85 Zip Code  |            |  |
|   | <del></del> .                                    |   |                           |  |                           |       |                    |                          |   | od.        |  |
| 11. Pursuan office or                   | t to the provi                                   | sions of sections 60 a<br>nent, or both, of the | State of Florida. S       | ous, Florida Statut<br>Such change was | es, the acc<br>authorized | ve-   | the corp           | orpora                   | ration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as register | ed         |  |
| agent. I                                | ani familiar v                                   | in, and ecept the                               | obligations of, sec       | ction 607.0505, FI                     | orida Statu               | ites  | 3.                 |                          | 1) 9 1999   |            |  |
| SIGNATURE                               |  | or printed name of register                     | ad mont applitte if appli | ratile (N                              | OTF Register              | nd A  | oent signatu       | re recuir                | uired when reinstating)   | _          |  |
| 12.                                     | Signatures types                                 |   | S AND DIRECTO             |  | 13.                       |       | <b>3</b>           |                          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I   | N 12       |  |
| TITLE                                   | Pres   |   |                           | 1,1 TITI                               | 1.1 TITLE                 |       | ٧ı                 | ICE - President   Change | Addition  |            |  |
| NAME                                    | Arnord C. Harris                                 |   |                           | 1.2 N/                                 |                           |       | 1.2 NAME           |                          | Lara Dugrer. Harry  |            |  |
| STREET ADDRESS 305 1000 2003            |  |   | - Andrew                  | 1.3 ST                                 |                           |       | 3 STREET ADDRESS 3 |                          | 08 NW 263 Ferrace   |            |  |
| CITY-ST-ZIP                             | 10/00  | wy Fr   | <del>_33+67</del>         | <u> </u>                               | 1.4 CIT                   | Y-\$1 | -ZIP               | L                        | 11ami, = 33169  |            |  |
| TITLE                                   |  | DELETE 2  |                           | 2.1 TIT                                | 2.1 TITLE                 |       |                    | Change                   | Addition  |            |  |
| NAME                                    |  |   |                           | 2.2 NAME                               |                           | į     |                    |                          |   |            |  |
| STREET ADDRESS                          |  |   | 2.3 STR                   | 2.3 STREET AODRESS                     |                           | ĺ     |                    |                          |   |            |  |
| CITY-ST-ZIP                             |  |   |                           |  | ~~ 2.4 CIT                | _     | -ZIP -             |                          |   |            |  |
| TITLE                                   |  | percie  |                           | 3.1 TITI                               |                           |       | ļ                  | Change                   | Addition  |            |  |
| NAME                                    | 1  |   |                           |  | 3.2 NA                    |       | !                  | ĺ                        |   |            |  |
| STREET ADDRESS                          |  |   |                           |  |                           |       | ADDRESS            |                          |   |            |  |
| CITY-ST-ZIP                             | <u> </u>   |   |                           |  | 3.4 CIT                   |       | -ZIP               | <u> </u>                 |   | A at after |  |
| TITLE                                   |  |   |                           | DELETE                                 | 4.1 TIT                   |       |                    |                          | Change  | Addition   |  |
| NAME                                    |  |   |                           |  | 4.2 NAJ                   |       | ADDRESS            |                          |   |            |  |
| STREET ADDRESS                          |  |   |                           |  |                           |       | ADDRESS            |                          |   |            |  |
| CITY-ST-ZIP                             |  |   |                           | Delete                                 | 4.4 CIT<br>5.1 TITI       |       | + <b>∠</b> ll'     |                          | Change  | Addition   |  |
| NAME                                    |  |   |                           | DELETE                                 | 5.1 NA                    |       |                    |                          | Criange   | - www.     |  |
| STREET ADDRESS                          |  |   |                           |  |                           |       | ADDRESS            |                          |   |            |  |
| CITY-ST-ZIP                             |  |   |                           |  | 5.4 CIT                   |       |                    | ]                        |   |            |  |
| TITLE                                   | <del>                                     </del> |   | <del></del>               | DELETE                                 | 6.1 TITI                  |       |                    |                          | Change  | Addition   |  |
| NAME                                    |  |   |                           | ☐ NETE IS                              | 6.2 NA                    |       |                    |                          | - Vilaige -   |            |  |
| STREET ADDRESS                          |  |   |                           |  | 1                         |       | ADDRESS            | ]                        |   |            |  |
| CITY-ST-ZIP                             |  |   |                           |  | 6.4 CIT                   |       |                    | Ì                        |   |            |  |
| O11 1-01/4/1/                           | 1  |   |                           |  | 0.7 011                   |       |                    |                          |   |            |  |

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. **SIGNATURE:** 

305 493-1224



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July 9, 1999

Division of Corporations
Department of State
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Annual report-Harris Environmental Safety Consultants, Inc.

Dear Sir/ Madam:

I recently received a second notice for filing my annual report. I called your office this date and spoke to Steve, one of your representatives. As I explained to Steve, I did not receive a reporting form in January or February of this year. I called my accountant in February to ask her about it; due to my misunderstanding, I thought the report was going to be filed by her. Since I did not receive an initial report, I thought the matter was being addressed by her. I was not aware that the report had not been filed until I received the second notice.

Per the instructions I received from Steve, I am forwarding my report along with the filing fee of \$150.00. Steve advised me that if I do not receive the report form by February 15, to immediately notify your office. I do apologize for my lack of knowledge in this matter but assure you that it will not happen again.

Thank you very much.

Respectfully,

Arnold Fy Harris

President