05-07-1999 90080 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075274

1. Corporation Name

AIROTECH ENVIRONMENTAL, INC

ANOTEST ENTHONIALITY IS				
Principal Place of Business	Mailing Address			111 12001 21110 17211 10011 0101 1201
804 HARBOR DRIVE	804 HARBOR DRIVE			
VENICE FL 34285	VENICE FL 34285		DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualifed	IS SI ACL
			08/28/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0858489	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 -	City & State			
City & State	— ·		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	ountry		
Zip Country	⊢	Odiniy	This corporation owes the current year Personal Property Tax.	intangible □Yes □No
24 25	······································		10. Name and Address of New Registere	
9. Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Neglatere	- Agent
FINANCIAL FOUNDATIONS, INC.				
2843 THAXTON DRIVE		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)	
#37		83		
PALM HARBOR FL FL346-84				
1 ALM HAIDONTE LEGIO OF		84 City	F	L 85 Zip Code
office or registered agent, or both, in the Si agent. I am familiar with, and accept the ot	tate of Florida. Such change was authoriz	ed by the corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered pointment as registered
SIGNATURE Signature, typed or printed name of registered	d agent and title if applicable. (NOTE: Registe	red Agent signature requi	red when reinstating) DATE	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE GOMBOS, THOMAS M 1.2 NAME NAME **804 HARBOR DRIVE** 1.3 STREET ADDRESS STREET ADDRESS VENICE FL 34285 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP

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: 1

04-28-99

485-1204 (941)

CR2E034 (11/98)