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Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90205 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS**

| DOCUMENT | # | S42 | 853 |
|----------------|---|------------|-----|
| A - 10 Million | | | |

1. Corporation Name

ENVIRONMENTAL BIOTECH, INC.

| | | | · | | | | | | | | |
|---|---|-----------------------------|--------------|------------------|-------|----------------------------|-------------|--|-----------|--------------|----------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 4404 N. TAMIA | ··· | | MIAMI TRAIL | | | | | | | | |
| SARASOTA FL 34234 SARASOTA FL 34 US US | | FL 34234 | 34234 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| 00 | | 00 | | | | | | 3. Date Incorporated or Qualifed | | | |
| | | | | | | | | 04/02/1991 | | | |
| 2. Principal P | lace of Business | 2a. Mailing | Address | | | | | 4. FEI Number | | $\Box\Box$ 7 | Applied For |
| 21 | | 26 | | | | | | 65-0271922 | | 1 | Not Applicable |
| Suite, Apt. | #, etc. | | Apt. #, etc. | | | | | | ` | \$8.75 | Additional |
| 22 | | 27 | | | | | | 5. Certifcate of Status Desired | ı | Fee | Required |
| City & Stat | e | City & | State | | | | | 6. Election Campaign Financing | | \$5,0 | 0:May Be |
| 23 | | 28 | | | | | | Trust Fund Contribution | ı | | d to Fees |
| Zip | Country | Zip | | Cou | ntry | | | 8. This corporation owes the current | year Inta | angible | |
| 24 | 25 | 29 | Γ | 30 | | • | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curre | nt Registered A | gent | | | | | 10. Name and Address of New Regi | stered / | Agent | |
| | | | | | 81 | Nam | e | | | | |
| HAD | ley, William F. | | | | 02 | Chro | | on (D.O. Box Number in Not Accontable) | | | |
| 4404 | i n. tamiami trail | | | | 82 | Sue | a Addre | ess (P.O. Box Number is Not Acceptable) | | | ļ |
| SAR | ASOTA FL 34234 | | | | 83 | | | | | | |
| | | | | | Ш | <u> </u> | | | | | |
| | | | | | 84 | City | | | FL | 85 Zig | p Code |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and title if applicable | | Registered | Agent | signatui | e required | when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | D DIREC | TORS IN 12 |
| 12. | P | ND DIRECTORS | DELETE | 1.1 111 | n e | | | ADDITIONOSCIIANOES TO OTTION | | Change | |
| TITLE | HADLEY, WILLIAM F | | □ Decerie | 1.2 NA | | | | | | | |
| NAME | AND DODAHLITE DONE | | | | | ADDRES | | | | • |] |
| STREET ADDRESS | SARASOTA FL | | | | | | 23 | • | | | |
| CITY-ST-ZIP | VP (| | DELETE | 2,1 TO | TY-ST | -ZIP | | | | Change | e Addition |
| TITLE | ! ' \ / | • | M Delete | ~ ! | | | - | | | | |
| NAME | DEERING, JAMES | | | 2.2 NA | | | | | • | | |
| STREET ADDRESS | 4608 4TH AVE NE | | | | | ADDRES | SS | • | | | |
| CITY-ST-ZIP | BBACENTON FL 34208 | | DELETE | 2.4 C | | T-ZIP | + | | | Change | e Addition |
| TITLE | | | □ oere ie | 3.1 TI | | | | | | . Onlang. | |
| NAME | | | | 3.2 NA | | | _ | | | | 1 |
| STREET ADDRESS | | | | | | ADDRES | » | | | | |
| CITY-ST-ZIP | | | DELETE | 3.4. C | | I-ZIP | + | | | Change | e Addition |
| TITLE | | | Choeceir | ı | | | | | | | |
| NAME | | | | 4 2 N | | | | | | | ļ |
| STREET ADORESS | | | | | | ADDRES | 8 | | | | |
| CITY-ST-ZIP | | | DELETE | 4.4 CF 5.1 TF | | - ZIP | + | | | Chang | e Addition |
| TITLE | | | - DELETE | 5.1 (I | | | | | | | |
| NAME | | | | | | ADDRES | .s | * | | • | } |
| STREET ADDRESS | | | | | TY-ST | | ~ | | | • | |
| CITY-ST-ZIP TITLE | | | DELETE | 6.1 TI | | | | | | ☐ Change | e Addition |
| | | | | 6.2 NA | | | | | | | |
| NAME | | | | | | ADDRES | ss | | | | |

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.

6.4 CITY-ST-ZIP

SIGNATURE: