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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

GLOBAL ENVIRONMENTAL PRODUCTS, INC.

FILED Apr 30 1998 8:00am Secretary of State



| Principal Plac | e of Busines | S | М | ailing Address | | | . | T EBBOURNE IN BORRA DANG DERI DOMEN AND BORRA DANG DANG DOMEN CONTROL REGISTER |) II i | |
|---|---|-----------------|-------------------|--|---------------------------------------|------------------------------|---|---|-------------|--|
| 2890 CIMARROME BLVD. SUITE 203 JACKSONVILLE FL 32259 | | | | 2690 CIMARRONE BLVD. SUITE 203 JACKSONVILLE FL 32259 | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | | 3. Date Incorporated or Qualified 04/15/1991 | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number Applied F | or | |
| 21 | | | | 26 | | | | 59-3060734 Not Appli | cable | |
| Sulte, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Addition | nal | |
| 22 | | | | 27 | | | | Fee Required | | |
| City & State | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May B | | |
| 23 | | | 28 | | | | | Trust Fund Contribution | - | |
| | Zip Country | | - | Zip Cour | | ntry | 1 | 8. This corporation owes or has paid the current year Intangible | 3 | |
| 24 | [25] | | 29 | lered Aseni | [30] | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | | |
| 9. Name and Address of Current Registered Agent | | | | | | | Name | 10. Name and Address of New Augistered Agent | | |
| | U rp hy, Pa | | | | | 81 | Namo | | | |
| 2690 CIMARRONE BLVD. JACKSONVILLE FL 32259 | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| SACKĢONVILLE PL 32238 | | | | | | 83 | | | | |
| | | | | | | 84 | City | ■■ 85 Zip Code | | |
| | _ | | | | | | Oity | FL S P COOF | | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | | | | | | |
| Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Re | | | | | | I Ago | ont signature require | red when reinstating) DATE | | |
| 12. | | OFFICERS | AND DIREC | DELETE | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: | | |
| TITLE | D | IAMEC A | | ☐ DELETE | 1.1 111 | | | El Change (El A | ddition | |
| NAME LABAR, JAMES A STREET ADDRESS 40-A MILLERTOWN RD | | | | 1.2 NAME 1.3 Street addi | | 1000000 | | | | |
| STREET ADDRESS | | ISBURG PA | | | | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | | 1.4 CITY-ST-ZIP 2.1 TITLE | | ☐ Change ☐ A | ddition | |
| NAME | | IS, RICHARD E | | | 2.2 NA | | | | | |
| STREET ADDRESS | 1117 N | | | | | | ADDRESS | | | |
| CITY-ST-ZIP | | OND IN 47375 | | | | 2 4 City-St-ZiP | | | | |
| TITLE | | | | DELETE 3.1 TI | | | | Change A | ddition | |
| NAME | *** | | | 32 N | | | | • | | |
| STREET ADDRESS | | | | 3.3 \$1 | | | ADDRESS | | | |
| CITY - ST - ZIP | | | | C1 | | | ST - ZIP | | | |
| TITLE | MINIT DETER | | | ☐ DELETE 41 TI | | | | ☐ Change ☐ A | ddition | |
| NAME | | | | | 4. 2 N/ | | | | | |
| STREET ADDRESS | | IVER RUN DR | | | | | ADDRESS | | İ | |
| CITY-ST-ZIP | ZIP SABASTIAN FL | | | 4.4.0 | | | IT-ZIP | Dohana Fa | ddition | |
| TITLE | JABALEE, WALTER | | ☐ DELETE | 5 1 THILE | | | L Change L A | ddition | | |
| NAME ATOMET ADDRESSA | | CODDMARK | | | 5.2 NA | | 1000000 | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | ZIP MT. CLEMENS MI | | | DELETE | 5.4 City - 5 DELETE 6.1 Title | | 1-41 | ☐ Change ☐ A | ddition | |
| NAME | _ | E, MARIANNE F J | R | and percent | 6.2 NA | | | | | |
| STREET ADDRESS | | CODDMARK | • • • | | | | ADDRESS | | | |
| FIT OF PLICALS AN | | | | | 6 3 STREET ADDRESS 6 4 City-St-Zip | | | | | |
| CITY-ST-ZIP | W11. OD | | -1 - 20 October 1 | 9r / 194 | ■ 0.4 CH | 11-5 | 1 - 217 | Coating 440 07/0V/) Elecido Ctatutes 14 ether aprilés that the inform | | |

I hereby certify that the information supplied with this filing does not quality 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 turble 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.