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 # \$70169

ENVIROSYSTEMS SUPPLY, INCORPORATED

•										/ 6 // 9/19 // /196 /	
Principal Place of	Business	Mailing Ad	ldress			1 1983101	- 111 19911 48181 HELE S	1811 GIBIT 618			
11820 NW 37TH S	Т	11820 NW	37TH ST								
CORAL SPGS FL 3	33065		CORAL SPGS FL 33065								
us Us							DO NOT WRITE IN THIS SPACE				
	,					3. Date Incorp 08/01/19	orated or Qualifed 91				
2. Principal Place	of Business	2a. Mailing	Address			4. FEI Number			Ap	plied For	
21		26	26				45	<u> </u>	No	t Applicable	
Suite, Apt. #,	etc.	Suite,	Suite, Apt. #, etc.				Status Desired		\$8.75 /		
22		27	27			- 5,-Certificate of	- Glaids Desired		Fee Re	quired	
City & State		City &	City & State			6. Election Car	mpaign Financing		\$5.00	May Be	
23		28	28				Contribution		Added t	o Fees	
Zip Country		Zip	Zip Country			8. This corporation owes the current year Intangible					
24	25	29	30	30		Personal Pr			Yes	No	
	Name and Address of Curre	ent Registered A	gent		_	10. Name and	Address of New	Registered A	gent		
11101/5	N/ 1470 1 1441 1/			81	Name						
MACKEY, WILLIAM K					Street A	ddress (P.O. Box Num	her is Not Accept	able)			
11820 NW 37TH ST				82	546667	5 C	s verd in sign		<u> </u>		
CORAL SPGS FL 33065				83		1	建设计划设	Talley & San Co	18, (1)		
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	•			84	City			FL	85 Zip (Joue	
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 title if applicable. (NOTE: Registered agent and title if applicable.					t signature rec	uired when reinstating)		DATE	DIDECTO	DC IN 12	
12.		AND DIRECTORS		13.	ي	ADDITIONS/	CHANGES TO OF		Change	Addition	
	D-		☐ DELETE	1.1 TITLE	Ľ		, 		Change	L.J Addition	
	IACKEY, WILLIAM K			1.2 NAME	- 1	SAME AS	ATIG	7)		Į	
	1820 NW 37TH ST			1.3 STREE	ADDRESS	(2 Mino 1/2	11 1 1	ソ			
****	ORAL SPGS FL	 		1.4 CITY-S	r-zip	<u> </u>			[] Change	Addition	
TITLE P			DELETE	2.1 TITLE					Change	Addition	
	DONNELL CLEMENT			2.2 NAME							
	1820 NW 37TH ST			2.3 STREE	ADDRESS				•	ł	
	ORAL SPGS FL			2 4 CITY-S	T-ZIP	<u> </u>					
i I	0 -		DELETE	3.1 TITLE	L	عرد ِ			Change	☐ Addition	
	Overmeyer, George			3.2 NAME	Γ.	S,D EAME A.		ندا			
STREET ADDRESS 1	1820 NW 37TH ST			3.3 STREE	ADDRESS	Y GAME A	S ATI LE	-177)			
CITY-ST-ZIP C	ORAL SPGS FL			3.4. CITY- 9	T-ZIP)					
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NAME				4. 2 NAME	1						
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CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
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NAME				6.2 NAME						Ì	
STREET ADDRESS				6.3 STREE	TADDRESS					ļ	
CITY-ST-7ID				6.4 CITY-S						Ì	

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 attrictment with an address, with all other like empowered.

SIGNATURE:

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90021 002 ***150.00