

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).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90020 019 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S80672

1. Corporation Name

INTERNATIONAL ENVIRONMENTAL SOLUTIONS, INC.



Principal Place of Business

**2830 SCHERER DRIVE
SUITE 310
ST. PETERSBURG FL 33716
US**

Mailing Address

**2830 SCHERER DRIVE
SUITE 310
ST. PETERSBURG FL 33716
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1991

4. FEI Number

59-3102497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29 Country

30

9. Name and Address of Current Registered Agent

**GORDON, STEVEN R
5403 LELANI DRIVE
ST. PETERSBURG FL 33706**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2830 SCHERER DRIVE, SUITE 310

83

84 City

ST. PETERSBURG

FL

85 Zip Code

33716

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.

STEVEN R. GORDON

(NOTE: Registered Agent signature required when reinstating)

9/14/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME

PD

GORDON, STEVEN R

STREET ADDRESS

5403 LELANI DRIVE

CITY-ST-ZIP

ST. PETERSBURG BCH., FL 33706

TITLE
NAME

DST

GORDON, JACQUELINE S

STREET ADDRESS

5403 LELANI DRIVE

CITY-ST-ZIP

ST. PETERSBURG BCH., FL 33706

TITLE
NAME

EVPD

GORDON, ALAN

STREET ADDRESS

8302 US HWY 19 N

CITY-ST-ZIP

PINELLAS PARK FL

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT, SECRETARY, DIR

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2830 SCHERER DRIVE

ST. PETERSBURG, FLORIDA 33716

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D.T.

2830 SCHERER DRIVE, SUITE 310

ST. PETERSBURG, FLORIDA 33716

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

EVP, D

2830 SCHERER DRIVE, SUITE 310

ST. PETERSBURG, FLORIDA 33716

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN R. GORDON

9/14/99

DATE

Daytime Phone #

(727) 573-1676

0091315

CR2E034 (5/99)