FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT#

S86413

(9)

1. Corporation I	Name GRATED ENVIRONMENTA	AL TECHNOLO	OGIES, INC.								
Principal Place of Business Mailing Address							A FROUIDIO DOI IDIRO DEFIU ORDOL AR	IBA IARI WIWII U		IF WIWIL WIWIT FWW I	
5801 WILEY STREET HOLLYWOOD FL 33023 5801 WILEY STREET HOLLYWOOD FL 33023 FOR THE STREET											
							3. Date Incorporated or Qualified 10/10/1991		e of Last Fig 04/27/19		
2. Principal Plac	ce of Busness	2a. Mailing A	2a. Mailing Address				4. FEI Number 65-0292235	Applied For Not Applicable			
Suite, Apt. #	, etc	Suite, A	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional		
City & State		27 City 8 S	City & State				6. Election Campaign Financing \$5.00 May Re				
3		28					Trust Fund Contribution		•	d to Fees	
Zip 24	ρ Country 25		Zip Coui				This corporation has liability for Florida Statutes	intangible t			
	9. Name and Address of Curr	ent Registered Ag	ent				10. Name and Address of New F	legistered	Agent		
				81	Name						
STRALEY, STEPHEN J.				82 Street Addre			s (P.O. Box Number is Not Acceptat	ole)			
3475 SHERIDAN STREET				83							
SUITE 202 HOLLYWOOD FL 33021											
HOLLINGOD I E GOOFT				84	City			FL	_ [85 Zi	p Code	
SIGNATURE .	Sprimite, typica or printed harric of registered as	ent and sticit apporable					of directors. I hereby accept the app then renslating!	DATE			
12.		ND DIRECTORS		3			ADDITIONS/CHANGES TO OFF		 		
JV6	D Massucco, Albert F.	<i>)</i> ×	•	1 TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	10508 N.W. 7TH COURT			2 NAME 3 STREET	ADDRESS						
CiTY - S1 - ZIP	PLANTATION FL		1	4 CITY - :							
TITLE	D			1 TITLE		P/	T/s/c/M		Change	☐ Addition	
NAME	SOLOMON, HAROLD		2	2 NAME		"	17376771				
STREET ADDRESS	1120 S. SOUTH LAKE DE	IVE .	2	3 STREE	ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL			4 CITY - S	ST - ZIP				☐ Change	Addition	
TITLE NAME		L.	•	1 TITLE 2 NAME					TTI custings	☐ vogition	
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CITY - ST - ZIF TITLE		Г		1 TiTLE	U1 - EIK	1			☐ Change	Addition	
NAME		<u></u>		2 NAME							
STREET ADDRESS					T ADDRESS	1					
011Y-S1-7IP			L.	4 CITY-		1					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the comporation 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:

Havida Arlomoy Harold A. Solomon Jan. 25, 1996 954-961-3033 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR