

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S94823 (9)  
1. Corporation Name  
ENVIROCHECK, INC.



Principal Place of Business  
7121 GRAND NATIONAL DR.  
SUITE 101  
ORLANDO FL 32819

Mailing Address  
7121 GRAND NATIONAL DR.  
SUITE 101  
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 37 N. ORANGE AVE		26 37 N. ORANGE AVE		11/18/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 600		27 SUITE 600		59-3093366	
City & State		City & State		Applied For	
23 ORLANDO, FL		28 ORLANDO, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32801		29 32801		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25 USA		30 USA		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
KUHN, CAMERON 7121 GRAND NATIONAL DR. ORLANDO FL 32819				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	37 N. ORANGE AVE
84	SUITE 600
85	City
ORLANDO	FL
86	Zip Code
32801	

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KUHN, CAMERON	
STREET ADDRESS	7121 GRAND NATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	WRIGHT, CHARLES	
STREET ADDRESS	7121 GRAND NATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRUZADA, JOEL	
STREET ADDRESS	7121 GRAND NATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	37 N. ORANGE AVE, SUITE 600
1.4 CITY-ST-ZIP	ORLANDO, FL 32801
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	37 N. ORANGE AVE, SUITE 600
2.4 CITY-ST-ZIP	ORLANDO, FL 32801
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KUHN, CAMERON
3.3 STREET ADDRESS	37 N. ORANGE AVE, SUITE 600
3.4 CITY-ST-ZIP	ORLANDO, FL 32801
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E034 (10/97)