

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # V28124 (8)

1. Corporation Name

ADVANCED ENVIRONMENTAL SYSTEMS, INC.

Principal Place of Business Mailing Address

1500 N.W. 62ND ST.
SUITE 407
FT. LAUDERDALE FL 33309

1500 N.W. 62ND ST.
SUITE 407
FT. LAUDERDALE FL 33309

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/09/1992		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0429220		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JONES, MATTHEW W 3995 S.W. 15TH ST. APT. B311 POMPANO BCH. FL 33069				81 Name CORPORATION INFORMATION SERVICES, INC.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
				83			
				84 City TALLAHASSEE FL 85 Zip Code 32301			

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: *Matthew W. Jones* as agent CORPORATION INFORMATION SERVICES, INC. DATE: 2/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CHARLES E	1.2 NAME	
STREET ADDRESS	6 ECHO LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHATHAM MA 02633	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, MATTHEW W	2.2 NAME	
STREET ADDRESS	3995 S.W. 15TH ST. APT. B311	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BCH. FL 33069	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, DAVID C	3.2 NAME	
STREET ADDRESS	2660 NE 27 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LIGHTHOUSE POINT FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 1.13 (1)(2)(b), 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 407, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE: *Matthew W. Jones* Matthew W. Jones 2/24/95 (305) 491-6660