04-20-1999 90262 045 ***150.00

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 # **V36302**

1. Corporation ENVIRON	MENTAL INFORMATION S	/STEMS, INC.					ELEK ELEK ELEK E		
Principal Place	of Business	Mailing Address		_					
691 ACACIA AVE. 691 ACACIA AVE. MELBOURNE VILLAGE FL 32904 MELBOURNE VILLAGE FL 32904						DO NOT MOTE IN THE	O ODACE		
						DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualifed			ı
		2a, Mailing Address				05/11/1992 4. FEI Number	Ι Δο	plied For	!
⊢ ≒ ' '	ace of Business	26				59-3129569		t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	Additional	_
22	City & State	v & State			C Flatia Campaign Financing	\$5.00	<u> </u>		
City & State	•	28				6. Election Campaign Financing Trust Fund Contribution	Added t		ļ
Zip	Country	Zip	_ ` `			8. This corporation owes the current year I		_	l
24	25	29 30	<u>) </u>			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent		04T	NI	10. Name and Address of New Registere	d Agent		ĺ
DUTCALL INTO M				81	Name				
DUEDALL, IVER W. 691 ACACIA AVE.				82	Street Add	fress (P.O. Box Number is Not Acceptable)			
S	BOURNE VILLAGE FL 32904		83						l
MEL	BOUNNE VILLAGE FL 32904			83					
			Ī	84	City	F	85 Zip (Code	1
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes.	the ab	ove-	named cor	tion submits this statement for the purpose	of changing its	registered	
	egistered agent, or both, in the State of familiar with, and accept the obligation	nt Florida Silich channe was allif	ากกราก	DV II	ne corporat	ion's board of directors. I hereby accept the app	ointment as re	gistered	ĺ
SIGNATURE	1	ANOTE OF		4	alanatura raguir	red when reinstating) DATE		\	-
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agerica	signatore requir	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	RS IN 12	ç
TITLE	0,110,100,100		1.1 7171	LE			☐ Change	Addition	17
NAME	DUEDALL, IVER W.		1.2 NAME					l	2
STREET ADDRESS	691 ACACIA AVE.		1.3 STRE		DDRESS				È
CITY-ST-ZIP	MELBOURNE VILLAGE FL.		1.4 CITY-		ZIP				6
TITLE	D	☐ DELETE	2.1 TITLE			•	☐ Change	Addition	١٠
NAME .	SHIEH, CHIH-SHIN		2.2 NAME					•	l
STREET ADDRESS	636 FISHTAIL PALM BLVD.		2.3 STREE		ODRESS			,	l
CITY-ST-ZIP	MELBOURNE FL	_	2. 4 CITY-		-ZIP				
TITLE		☐ DELETE	3.1 TITLE		T		Change	☐ Addition	
NAME	, r -		3.2 NAME			•		ļ	
STREET ADDRESS	•		3.3 STREE		ADDRESS				1
CITY-ST-ZIP			3.4. CITY-		ZIP			CT A SEE	1
TITLE	•	DELETE	4.1 TITLE				Change	Addition .	1
NAME	,		4. 2 NAM]				Ì
STREET ADDRESS	-i		4.3 STRE		NODRESS				
CITY-ST-ZIP			4.4 CITY-		ZIP		m 01		┨
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	}
NAME	- - -		5.2 NAME						
STREET ADORESS			5.3 STREE						
CITY-ST-ZIP			5.4 C/TY-		ZIP		Change	Addition	1
TITLE		☐ DELETE	6.1 TITLE				L. Change		
NAME	I ·			6.2 NAME 6.3 STREET ADDRESS					l
SIREETADORESS					i				
CITY-ST-ZIP	ST-ZIP		6.4 CIT	Y-S7-	ZIP	<u> </u>			J

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 suppliemental 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, with all other like empowered.

SIGNATURE:

407-676-1810