

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V65858 (5)
 1. Corporation Name
BIO PEST ELIMINATION INC



Principal Place of Business % GLEN S. CARPENTER 281 SW 11 CT POMPANO BEACH FL 33060	Mailing Address %GLEN CARPENTER P O BOX 6301 POMPANO BEACH FL 33060 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>Glen S. Carpenter</i> Suite, Apt. #, etc. 22 <i>281 SW 11 CT</i> City & State 23 <i>Pompano Beach FL</i> Zip 24 <i>33060</i>	2a. Mailing Address 26 <i>Glen S. Carpenter</i> Suite, Apt. #, etc. 27 <i>P O Box 6301</i> City & State 28 <i>Pompano Beach FL</i> Zip 29 <i>33060</i>
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3. Date Incorporated or Qualified 09/21/1992	4. FEI Number 65-0196397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CARPENTER, GLEN S.
281 SW 11 CT
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent

81 Name	<i>Marilyn Carpenter</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>281 SW 11 CT</i>
83	
84 City	<i>Pompano Beach</i>
85 Zip Code	<i>FL 33060</i>

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 *Marilyn Carpenter VP* *Marilyn Carpenter* 4/21/98
 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, GLEN S.	
STREET ADDRESS	281 SW 11 CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARPENTER, MARILYN L.	
STREET ADDRESS	281 SW 11 CT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>DIPV</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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.

SIGNATURE *Marilyn Carpenter* 4/21/98 954993800

CR2E034 (10/97)