

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

PROMIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 482106 (2)
1. Corporation Name
ENVIRONMENTAL QUALITY LABORATORY, INCORPORATED



Principal Place of Business: **LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461**
Mailing Address: **LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

3. Date Incorporated or Qualified: **08/01/1975**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **59-1651020**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGLEY, MARCIA H
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **900001783419**
83 City & State: **MIAMI FL**
84 City: **MIAMI**
85 Zip Code: **33133**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title (if applicable) NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ANNESS, LISA D	
STREET ADDRESS	2601 S BAYSHORE DR 5 FL	
CITY- ST- ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY- ST- ZIP	MIAMI FL 33133-5461	
TITLE	DVAS	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY- ST- ZIP	MIAMI FL 33133-5461	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEINERMAN, PETER S	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY- ST- ZIP	MIAMI FL 33133-5461	
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 checked="" type="checkbox"/> Addition
1.2 NAME	VAS Goldman Joel K.
1.3 STREET ADDRESS	2601 S. Bayshore Dr.
1.4 CITY- ST- ZIP	Miami, FL 33133
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVS Langley, Marcia H.
2.3 STREET ADDRESS	2601 S. Bayshore Dr.
2.4 CITY- ST- ZIP	Miami, FL 33133
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DVP Jeffrey Thomas W.
3.3 STREET ADDRESS	2601 S. Bayshore Dr
3.4 CITY- ST- ZIP	Miami, FL 33133
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V Carleton, Callis N.
4.3 STREET ADDRESS	2601 So. Bayshore Dr.
4.4 CITY- ST- ZIP	Miami, FL 33133
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V Montgomery, Ralph
5.3 STREET ADDRESS	2601 So. Bayshore Dr.
5.4 CITY- ST- ZIP	Miami, FL 33133
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V Emmons, Ed
6.3 STREET ADDRESS	2601 So. Bayshore Dr.
6.4 CITY- ST- ZIP	Miami, FL 33133

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 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: Joel K. Goldman **4-12-96 305-859-4071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone

CR2E034 (12/95)