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**May 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



**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 33133-5417**

3. Date incorporated or Qualified: **08/01/1975** 3a. Date of Last Report: **04/16/1996**

4. FEI Number: **59-1651020** Applied For: Not Applicable

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

2. Principal Place of Business: **21** Suite, Apt. #, etc. 2a. Mailing Address: **26** Suite, Apt. #, etc.

22 City & State: **27** City & State

23 Zip: **25** Country 28 Zip: **29** Country

9. Name and Address of Current Registered Agent
**LANGLEY, MARCIA H
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461**

10. Name and Address of New Registered Agent

81 Name: **Joel K. Goldman**

82 Street Address (P.O. Box Number is Not Acceptable): **2601 S. Bayshore Drive**

83 **9th floor**

84 **Miami** FL 85 **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: *[Signature]* *[Signature]* DATE: **4/11/97**

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	ANNESS, LISA D	
STREET ADDRESS	2601 S BAYSHORE DR 5 FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	<input type="checkbox"/>
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VAS	<input type="checkbox"/>
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VT	<input type="checkbox"/>
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	DVP	<input type="checkbox"/>
NAME	JEFFREY, THOMAS W.	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	V	<input type="checkbox"/>
NAME	CARLETON, CALLIS N.	
STREET ADDRESS	2601 S. BAYSHORE DR.	
CITY-ST-ZIP	MIAMI FL 33133-5461	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VIS/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Goldman, Joel K.		
1.3 STREET ADDRESS	2601 S. Bayshore Dr.		
1.4 CITY-ST-ZIP	Miami FL 33133		
2.1 TITLE	VIA S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Langley, Marcia H.		
2.3 STREET ADDRESS	2601 S. Bayshore		
2.4 CITY-ST-ZIP	Miami FL 33133		
3.1 TITLE	VICIAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	CARLETON, CALLIS N.		
3.3 STREET ADDRESS	2601 S. Bayshore Dr.		
3.4 CITY-ST-ZIP	Miami FL 33133		
4.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Montgomery, Ralph		
4.3 STREET ADDRESS	2601 S. Bayshore Dr		
4.4 CITY-ST-ZIP	Miami FL 33133		
5.1 TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	EMMONS, Edward		
5.3 STREET ADDRESS	2601 S. Bayshore Dr		
5.4 CITY-ST-ZIP	Miami FL 33133		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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: *[Signature]* *[Signature]* DATE: **4/11/97** Daytime Phone #: **305.259.4071**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)