SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (4)K39927 AIR QUALITY AUDITS - ENVIRONMENTAL LABORATORIES, INC. Mailing Address Principal Place of Business 19209 NORTH HIGHWAY 41 19209 NORTH HIGHWAY 41 LUTZ FL 33549 LUTZ FL 33549 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1995 10/20/1988 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2936668 Not Applicable 26 21 \$8.75 Additional Suite, Apt #. etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Country Zıp Yes No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DENNIS, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 19209 N HWY 41 **LUTZ FL 33549** 83 85 Zip Code R4 City FL 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, and accept the appointment as registered agent, and accept the appointment as registered agent. (NOTE: Registered Agent's gnature required when renstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TUTLE TITLE CR2E034 1 2 NAME DENNIS, ROBERT NAME 1.3 STREET ADORESS 19209 N. HIGHWAY 41 STREET ADDRESS 1.4 CITY - \$1 - 7IP **LUTZ FL** Change Addition CITY - ST - ZIF DELETE 21 TITLE TITLE NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST ZIP CITY-SE-21P Change Addition DELETE 3.1 TITLE THILE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREE1 ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME NAME 53 STREE : ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 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 it made under oath, that I am an officer or director of the composition or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Black 12 or Block 13 of chapter I or diversity and that my name appears in Block 12 or Block 13 of chapter I or diversity and ordered. 6.4 CITY - ST - ZIP

that my name appears in