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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K39927

AIR QUALITY AUDITS - ENVIRONMENTAL LABORATORIES, INC.

Principal Place of Business

Mailing Address

FILED May 06 1997 8:00am Secretary of State



19209 NORTH F LUTZ FL 33549	IIGHWAY 41	19209 NORTH HIGHWAY 41 LUTZ FL 33549						
				3. Date Incorporate 10/20/1988	J		Date of Last Report 6/11/1996	
Principal Place of Business 2a. Mailing Address					. 4. FEI Number			Applied For
21/022	Land O Lakes Blad	26 1122 Land	OLAK	°5 Bl	104 59-2936668		N	lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Sta	tus Desired	1 1 7 1	Additional Required
City & State		City & State 28 LUTZ, R	·		Election Campaig Trust Fund Contr			D May Be I to Fees
Zip 24 33:	549 Country 25	Zip 29 33549 30	Country		8. This corporation Florida Statutes		ntangible tax under Yes \[\] No	s. 199,032,
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent				
DEN	NIS, ROBERT E.	61	Name					
19209 N HWY 41 LUTZ FL 33549				Street A	ddress (P.O. Box Number i	s Not Acceptab	es Blvd	,
			83		•			
			84	City	リテヱ		FL 85 39	3549
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes.	the above	named o	orporation submits this state	tement for the p		its registered
office or fi agent. I a	to the provisions of Sections 607.0502 egistored agent, or both, in the State of m amiliar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.0505, Floric	horized by la Statutes.	the corpo	ration's board of directors.	I hereby accep	the appointment as	s registered
SIGNATURE	Cafe & Celo-	1.11				<i>y</i>	128/97	
	Signature, typed or printed name of registered agent			a signature re	equired when reinstating)		DATE	
12.	OFFICERS AND		13.	····		NGES TO OFFIC	ERS AND DIRECTO	
TITLE	D DODGOT	☐ DELETE	1.1 TITLE		アステム		Change	☐ Addition
NAME	Dennis, Robert 19209 N. Highway 41		1.2 NAME		4	<i></i>		•
STREET ADDRESS	LUTZ FL		1.3 STREET	LOORESS ,	LUTZ, FL	DENKE	S OLVU	ŀ
CITY-ST-7#	LUIZ FL	☐ DELETE	1.4 CITY-ST 2.1 TITLE	- ZIP	LUTE, FL	335 F	Change	Addition
NAME		OLLET	2.2 NAME				L Change	
STREET ADDRESS			2.3 STREET A	DIDRESS				
CITY - ST - ZIP			2. 4 City-Si	- 1		-		
TITLE		DELETE	3.1 TITLE				☐ Change	Addition
NAME			3.2 NAME	- }				
STREET ADDRESS			3.3 STREET	ADDRESS				
C TY - ST - ZIP			3.4. CITY - S1	- ZIP				
TITLE		☐ DELETE	4.1 TITLE		***************************************		Change	Addition
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-7#	<u></u>		4.4 CITY-ST	- ZIP				
1/ILE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET A	DDRESS				
CITY - \$1 - ZIP			5.4 CITY-ST	- ZIP		 		
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	NDDRESS				
CITY-ST-ZIP			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