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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **M60339** **(2)**

1. Corporation Name
SGF ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
7920 WILES ROAD CORAL SPRINGS FL 33067 US	7920 WILES ROAD CORAL SPRINGS FL 33067-2071 US

3. Date Incorporated or Qualified: 10/07/1987
3a. Date of Last Report: 03/14/1996

2. Principal Place of Business
21 10239 W. Sample Road
22 Suite, Apt. #, etc.
23 City & State: Coral Springs, FL
24 Zip: 33065
25 Country: US

2a. Mailing Address
26 10239 W. Sample Road
27 Suite, Apt. #, etc.
28 City & State: Coral Springs, FL
29 Zip: 33065
30 Country: US

4. FEI Number: 65-0009018 ☐ 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

9. Name and Address of Current Registered Agent

~~FELL, MADELINE~~
~~7920 WILES ROAD~~
~~CORAL SPRINGS FL 33067~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 10239 W. Sample Road
83
84 City: Coral Springs **FL** 85 Zip Code: 33065

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FELL, MADELINE		1.2 NAME		
STREET ADDRESS	6525 N.W. 43RD STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE	(address)	☒ Change ☐ Addition
NAME	SOMMERER, DIANE K ESQ		2.2 NAME		
STREET ADDRESS	~~1881 UNIVERSITY DRIVE~~		2.3 STREET ADDRESS	3300 University Drive	
CITY-ST-ZIP	~~CORAL SPRINGS FL 33071~~		2.4 CITY-ST-ZIP	Coral Springs, FL 33365	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Madeline K. Fell 1/7/97 954-344-6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0152164