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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

CITY+ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

M60339

(2)

SGF ENVIRONMENTAL CONSULTANTS, INC.

Principal Plac	e of Business	Mai	ling Address					
10239 W. SAMPLE ROAD CORAL SPRINGS FL 33065 US			CORAL SPRINGS FL 33065 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						10/07/1987		
2. Principal Place of Business			. Mailing Address			4. FEI Number	Applied For	
21		26				65-0009018	lot Applicable	
Suite, Apt	₩, etc.	—	Suite, Apt. #, etc.				Additional	
22		27				Fee F	Required	
City & Stat	e	28	City & State			,	May Be I to Fees	
Zip	Country		Zip	Country		8. This corporation owes or has paid the ourrent year to	ntangible	
24			0		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
F	ELL, MADELINE			81	Name			
10239 W. SAMPLE RD CORAL SPRINGS FL 33085				82	82 Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	Oit.	lan I 7:	O and a	
				104	City	F1_ 85 Zip	Code	
11. Pursuant office or r agent. La SIGNATURE	im familiar with, and accept the ob	ligations of,	Section 607.0505, Florid	da Statutei	S .	orporation submits this statement for the purpose of changing ration's board of directors. I hereby accept the appointment a	its registered s registered	
Signature, typed or profind name of registered agent and title if applicable (NOTE Registered Agent signature require								
12.	OFFICERS AND DIRECTORS DELETE		13.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
	1			1.1 TITLE		Change	L_I ABURION	
NAME	FELL, MADELINE		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 330	67		1.4 CITY-S	T-ZIP			
TITLE	S DELETE		2.1 TITLE		Change	Addition		
NAME	SOMMERER, DIANE K ESQ		2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		, A			
CITY-S1-ZIP	CORAL SPRINGS FL		2. 4 CITY-ST-ZIP					
THILE			☐ DELETE	3.1 TITLE		Change	Addition	
NAME				3.2 NAME				

14. Thereby 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 of 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 of an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE: A LALLING A ALLING

4/13/98

FILED

Apr 17 1998 8:00am

Secretary of State

9543446106

Change Addition

Change

Change

Addition

Addition

R2E034 (10/97)