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

Mailing Address

% HERBERT J. BAUCH

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M64926 1. Corporation Name

Principal Place of Business

% HERBERT J. BAUCH

S.E. ENVIRONMENTAL CONSULTANTS, INC.

7060 TAFT STREET HOLLYWOOD FL 33024		7060 TAFT STREET HOLLYWOOD FL 33024		DO NOT WRITE IN THIS SPACE	
HOLLIWOOD FL	. 33024	TOLETHOOD VE GOL		3. Date Incorporated or Qualifed 01/15/1988	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26		65-0038814	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
2		27			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28	0	Trust Fund Contribution	
Zip	Country	Zip	Country	<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	Yes No
24	25	29 30	<u>'</u>	10. Name and Address of New Register	
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Haine and Address of Now Nogastro	
RAUG	CH, HERBERT J.				<u></u>
	TAFT STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	YWOOD FL 33024		83		
1102				, k	2.13° 的人的证据。
			84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	e of changing its registered
agent. I a	n familiar with, and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signature requ	ired when reinstating) DATE	
12,		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE	7 6 7 72 4	☐ Change ☐ Addition
NAME	BAUCH, JOAN P.		1.2 NAME		
STREET ADDRESS	10740 HICKORY AVE.		1.3 STREET ADDRESS		ľ
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BAUCH, HERBERT J.	!	2.2 NAME		
STREET ADDRESS	10740 HICKORY AVE.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
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		Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	i		4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST- ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition :
NAME	-		5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE			Change Change
NAME			6.2 NAME		
STREET ADDRESS	'		6.3 STREET ADDRESS	•	
CITY_ST_7IP			6.4 CITY-ST-ZIP		<u> </u>

**SIGNATURE** 

14. I 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, at an an attachment with an address, with all other like empowered.

**FILED** 

Feb 16, 1999 8:00am

**Secretary of State** 

02-16-1999 90032 040 \*\*\*150.00

954) 962-0176