

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

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 482106 (2)  
1. Corporation Name  
ENVIRONMENTAL QUALITY LABORATORY, INCORPORATED



Principal Place of Business Mailing Address  
LEGAL DEPT. 9TH FLOOR LEGAL DEPT. 9TH FLOOR  
2601 S BAYSHORE DR 2601 S BAYSHORE DR  
MIAMI FL 33133-2461 MIAMI FL 33133-5417

3. Date Incorporated or Qualified 08/01/1975 3a. Date of Last Report 04/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1651020	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANGLEY, MARCIA H LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133-2461	81 Name Joel K. Goldman 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Drive 83 9th floor 84 City Miami FL 85 Zip Code 33133

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 *Joel K. Goldman* *Joel K. Goldman* DATE 4/11/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ANNESS, LISA D	1.1 TITLE	VIA S
NAME	2601 S BAYSHORE DR 5 FL	1.2 NAME	Goldman, Joel K.
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	2601 S. Bayshore Dr.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami FL 33133
TITLE	DVS LANGLEY, MARCIA H	2.1 TITLE	VIA S
NAME	2601 S. BAYSHORE DR.	2.2 NAME	Langley, Marcia H.
STREET ADDRESS	MIAMI FL 33133-5461	2.3 STREET ADDRESS	2601 S. Bayshore
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VAS GOLDMAN, JOEL K.	3.1 TITLE	VICIA S
NAME	2601 S BAYSHORE DR	3.2 NAME	CARLETON, CALLIS N.
STREET ADDRESS	MIAMI FL 33133	3.3 STREET ADDRESS	2601 S. Bayshore Dr.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami FL 33133
TITLE	VT FISCHER, JOHN H	4.1 TITLE	V
NAME	2601 S. BAYSHORE DR.	4.2 NAME	Montgomery, Ralph
STREET ADDRESS	MIAMI FL 33133-5461	4.3 STREET ADDRESS	2601 S. Bayshore Dr
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami FL 33133
TITLE	DVP JEFFREY, THOMAS W.	5.1 TITLE	V
NAME	2601 S. BAYSHORE DR.	5.2 NAME	EMMONS, Edward
STREET ADDRESS	MIAMI FL 33133-5461	5.3 STREET ADDRESS	2601 S. Bayshore Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami FL 33133
TITLE	V CARLETON, CALLIS N.	6.1 TITLE	
NAME	2601 S. BAYSHORE DR.	6.2 NAME	
STREET ADDRESS	MIAMI FL 33133-5461	6.3 STREET ADDRESS	
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joel K. Goldman* *Joel K. Goldman* DATE 4/11/97 305.859.4071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)