

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 482106

1. Corporation Name:

ENVIRONMENTAL QUALITY LABORATORY, INCORPORATED

Principal Place of Business

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

Mailing Address

LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90051 012 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1975

4. FEI Number

59-1651020

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
LEGAL DEPT. 9TH FLOOR
2601 S BAYSHORE DR
MIAMI FL 33133-2461

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ANNESS, LISA D
STREET ADDRESS 2601 S BAYSHORE DR 5 FL
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME JEFFREY, THOMAS J
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

TITLE VDS
NAME GOLDMAN, JOEL K
STREET ADDRESS 2601 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

TITLE VT
NAME FISCHER, JOHN H
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133-5461

☐ DELETE

TITLE V
NAME LAGUARDIA, JOHN
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

TITLE VCAS
NAME COOK, PAULA
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V

☐ Change ☒ Addition

1.2 NAME

Westerdahl, Howard

1.3 STREET ADDRESS

2601 S. Bayshore Drive

1.4 CITY-ST-ZIP

Miami FL 33133

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-99

305-859-4000

CR2E034 (1/1/98)