

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H47755** (4)

1. Corporation Name

ENVIRONMENTAL MANAGEMENT SYSTEMS, INC.

Principal Place of Business

% CRANE'S ROOST
393 WHOOPING LOOP, SUITE 1483
ALTAMONTE SPRINGS FL 32701

Mailing Address

% CRANE'S ROOST
393 WHOOPING LOOP, SUITE 1483
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1985

4. FEI Number

59-2538538

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**NIELSEN, STEPHEN A.
465 HIDDEN RIDGE DR.
ENTERPRISE FL 32728**

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	P	<input type="checkbox"/> DELETE
NAME	NIELSEN, STEPHEN A.	
STREET ADDRESS	465 HIDDEN RIDGE DR.	
CITY-ST-ZIP	ENTERPRISE FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	EXNER, GARY	
STREET ADDRESS	22 E 2ND ST	
CITY-ST-ZIP	CHULUOTA FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BRADOW, STUART N	
STREET ADDRESS	201 SHERYL DRIVE	
CITY-ST-ZIP	DELTONA FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	NIELSON, GERI	
STREET ADDRESS	465 HIDDEN RIDGE DR	
CITY-ST-ZIP	ENTERPRISE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	410 LAKE LENELLE DRIVE
2.4 CITY-ST-ZIP	CHULUOTA FL 32766

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Gerri R. Nielsen, Treasurer

GERI R. NIELSEN, TREASURER

CR2E034 (10/97)