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

PROFIT CORPORATION ANNUAL REPORT



11 ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 21 1998 8:00am

Secretary of State

Socretary of State

DIVISION OF CORPORATIONS

1998
DOCUMENT # H78292

(0)

ENVIRONMENTAL MEASUREMENT CONSULTANTS, INC.

| Principal Place 35 RIVER DRI TEQUESTA FI | VĒ | Mailing Address 35 RIVER DRIVE TEQUESTA FL 33469 US | | DO NOT WRITE IN THI | |
|------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| | | | | 3. Date Incorporated or Qualified | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 09/25/1985 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2604841 | Not Applicable |
| Suite, Apt #, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| City & State | | City & State | | | Fee Required |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | This corporation owes or has paid the corporation of the corporat | |
| 24 | 25 | | 30 | Personal Properly Tax due June 30. | Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | 81 Name 6 | 10. Name and Address of New Registere | d Agent |
| | NBRINK, CATHERINE K. | | | | 3 |
| | river drive Questa fl 33469 | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| , | GOFO (A LE GOTO) | | 83 | | "1 |
| | | | 84 City | | 85 Zip Code |
| | | | | Poration submits this statement for the purpose | |
| agent La SIGNATURE | miliamilian with and nancipitate obt. Signature, species poole to be of representa- | abous of, Section 607.0505, Clo | orida Statutes E Begistered Agent signature requir | | |
| 12. | OFFICERS AN | D DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE NAME | OENBRINK, CATHERINE K. | L-1 OFFCIE | 12 NAMI | | Manye Madritori |
| STREET ADDRESS | 35 RIVER DRIVE | | 13 STREET ADDRESS | - 1 | |
| CITY-ST-ZIP | TEQUESTA FL | | 1.4 CITY - ST - 7IP | | |
| TITLE | 8 | ☐ DELFTE | 2.1 TAILE | | ☐ Change ☐ Addition |
| NAME | BARTLETT, CYNTHIA | | 2 7 NAMi | | |
| STREET ADDRESS | 62 69 Woodlake Court Jupiter FL 33458 | | 2.3 STREET ADDRESS | | |
| CITY-S1-ZIP TITLE | DOFILER FE 33430 | DELLTE | 2 4 C(1Y+S1+Z(I)* | | Change Addition |
| NAME | | | 3.2 NAME | | · • |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-S1-ZIP | | | 3 4. CH Y-SI-ZIP | | |
| TITLE | | L] DELETE | 41 TITLE | | Change Addition |
| NAME STREET ADDRESS | | | 4-2 NAME 4.3 STHEEL ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CHY-ST ZIF | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | ☐ DELITE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELI TE | 5 4 CITY-ST-ZIP 6 1 TITLE | | Change Addition |
| NAME | | [_] btti it | 6.2 NAME | | Onlings recontrol |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-7IP | | |
| indicated officer or | on this ancoal report or subblement | al annual réport is tru e and á cc civer or trustee emp owere d to c | urate and that my signatu | Section 119.07(3)(i), Florida Statutes, I further re shall have the same legal effect as if made uired by Chapter 607, Florida Statutes, and tha | under oath: that I am an III |