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**Feb 03 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 # K38177 (7)**

1. Corporation Name  
**ERM ENVIROCLEAN - SOUTH, INC.**



Principal Place of Business <b>9501 PRINCESS PALM AVENUE SUITE 100 TAMPA FL 33619</b>	Mailing Address <b>9501 PRINCESS PALM AVENUE SUITE 100 TAMPA FL 33619-8344</b>
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3. Date Incorporated or Qualified <b>10/12/1988</b>	3a. Date of Last Report <b>01/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>59-2917283</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GRUBER, PAUL ERM ENVIROCLEAN-SOUTH, INC. 9501 PRINCESS PALM AVENUE, SUITE 100 TAMPA FL 33619</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRUBER, PAUL</b>		1.2 NAME	
STREET ADDRESS <b>9501 PRINCESS PALM AVE.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PORFIDO, STAN</b>		2.2 NAME	
STREET ADDRESS <b>855 SPRINGDALE DR</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>EXTON PA</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STOUT, JAN</b>		3.2 NAME	
STREET ADDRESS <b>12920 RAIN FOREST ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BORUCKI, JOSEPH D</b>		4.2 NAME	
STREET ADDRESS <b>8989 LYNWOOD DR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>SEMINOLE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HERIN, J C</b>		5.2 NAME	
STREET ADDRESS <b>2791 MOORING CT #102</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>LANTANA FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		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: *Jan Stout* **JAN STOUT** **1/27/97** **813-622-8727**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)