

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

**FILED**

**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3913 Riga Blvd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33619</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>3913 Riga Blvd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa, FL</b> Zip 29 <b>33619</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>10/12/1988</b>	4. FEI Number <b>59-2917283</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GRUBER, PAUL  
 ERM ENVIROCLEAN-SOUTH, INC.  
 9501 PRINCESS PALM AVENUE, SUITE 100  
 TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3913 Riga Blvd.</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP GRUBER, PAUL</b>	<input type="checkbox"/>
NAME	<b>9501 PRINCESS PALM AVE.</b>	
STREET ADDRESS	<b>TAMPA FL</b>	
CITY-ST-ZIP		
TITLE	<b>D STOUT, JAN</b>	<input type="checkbox"/>
NAME	<b>12920 RAIN FOREST ST</b>	
STREET ADDRESS	<b>TAMPA FL</b>	
CITY-ST-ZIP		
TITLE	<b>D BORUCKI, JOSEPH D</b>	<input checked="" type="checkbox"/>
NAME	<b>8989 LYNWOOD DR</b>	
STREET ADDRESS	<b>SEMINOLE FL</b>	
CITY-ST-ZIP		
TITLE	<b>D HERIN, J C</b>	<input type="checkbox"/>
NAME	<b>2791 MOORING CT #102</b>	
STREET ADDRESS	<b>LANTANA FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>3913 Riga Blvd.</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<b>11503 GIBRAITAR PI</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>Dan Sewick</b>		
5.3 STREET ADDRESS	<b>855 Springdale Dr</b>		
5.4 CITY-ST-ZIP	<b>Cyton, PA 19341</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Jan S. Stout Treasurer Jan S. Stout 1/12/98 813 622-8727

CR2E034 (10/97)