

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

FILED
Feb 03 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 # P13202 (7)
 1. Corporation Name
WRS INFRASTRUCTURE & ENVIRONMENT, INC.



Principal Place of Business 675 PARK NORTH BLVD., BLDG. F. STE. 100 CLARKSTON GA 30021-1962	Mailing Address 675 PARK NORTH BLVD., BLDG. F. STE. 100 CLARKSTON GA 30021-1962
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>111 Kelsey Lane</u> Suite, Apt. #, etc. 22 <u>Suite B</u> City & State 23 <u>Tampa, FL</u> Zip 24 <u>33619</u>	2a. Mailing Address 26 <u>111 Kelsey Lane</u> Suite, Apt. #, etc. 27 <u>Suite B</u> City & State 28 <u>Tampa, FL</u> Zip 29 <u>33619</u>	Country 25 <u>U.S.</u>	Country 30 <u>U.S.</u>
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3. Date Incorporated or Qualified 02/10/1987	4. FEI Number 62-1260585	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FACCHINI, L S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/C Luke A. Frantz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 STANWIX STREET	1.2 NAME	111 Kelsey Lane, Suite B
STREET ADDRESS	PITTSBURGH PA	1.3 STREET ADDRESS	Tampa, FL 33619
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P DAUGHERTY, H F <input checked="" type="checkbox"/> DELETE	2.1 TITLE	mark Smith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	675 PARK N. BLVD., BLDG. F	2.2 NAME	111 Kelsey Lane, Suite B
STREET ADDRESS	CLARKSTON GA 30021	2.3 STREET ADDRESS	Tampa, FL 33619
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V FACCHINI, L S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Carey Daniel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 STANWIX STREET	3.2 NAME	111 Kelsey Lane, Suite B
STREET ADDRESS	PITTSBURGH PA	3.3 STREET ADDRESS	Tampa, FL 33619
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S BACHY, D M <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/T Ron Bunnell <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 STANWIX ST	4.2 NAME	111 Kelsey Lane, Suite B
STREET ADDRESS	PITTSBURGH PA 15222	4.3 STREET ADDRESS	Tampa, FL 33619
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS URQUHART, J <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	675 PARK N. BLVD., BLDG. F	5.2 NAME	
STREET ADDRESS	CLARKSTON GA	5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: [Signature] 11/10/98

CR2E034 (10/97)