FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 16 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22835** **(3)**

1. Corporation Name

EMS ENVIRONMENTAL, INC.

Principal Place of Business	Mailing Address
4301 OAK CIR STE 10 BOCA RATON FL 33431 US	3005 BRODHEAD RD STE 293 BETHLEHEM PA 18017 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/01/1989	02/16/1994

2. Principal Place of Business	2a. Mailing Address
21	26 5 Highland Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Bethlehem PA 18017
Zip 24 / Country 25	Zip 29 18017 / Country 30 U.S.

4. FEI Number: 59-2904001 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORMAN, ROBERT S. ~~200 E. LAS OLAS BLVD~~ ~~NEW RIVER CENTER, SUITE 1400~~ ~~FT. LAUDERDALE FL 33301~~	81 Name: Robert S. Forman 82 Street Address (P.O. Box Number is Not Acceptable): 2101 W Commercial Blvd 83: Suite 4100 84 City: Fort Lauderdale FL 85 Zip Code: 33309

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 date of appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☒ Change ☐ Addition PD
NAME	~~BLANCHARD, ALLAN~~	12 NAME	Blanchard, Allan
STREET ADDRESS	~~3005 BRODHEAD ROAD~~	13 STREET ADDRESS	5 Highland Avenue
CITY - ST - ZIP	~~BETHLEHEM PA 18017~~	14 CITY - ST - ZIP	Bethlehem PA 18017
TITLE	STV	21 TITLE	☐ Change ☐ Addition
NAME	KIRSCH, IRVING D.	22 NAME	
STREET ADDRESS	4580G MACK AVE	23 STREET ADDRESS	
CITY - ST - ZIP	FREDERICK MD	24 CITY - ST - ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Allan Blanchard President 5/11/95 610 PAS 7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0469271 FN