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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P39966** 1.-Corporation Name-

## FILED May 05, 1999 8:00 am Secretary of State

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HAZEN A	and sawyer environmen	ITAL CONSULTANTS, II	NC.					
Principal Place	e of Business	Mailing Address			T LEGITORY IND THIS INTERPRETATION OF A	IIDIA OHON OHON	11111 611	FIL BIRKE IREI
730 BROADWAY 730 BROADWAY								
NEW YORK NY 10003 NEW YORK NY 10003				DO NOT WRITE IN THIS SPACE		_		
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					3. Date Incorporated or Qualifed			
	<del> </del>	La sarrica del con			07/27/1992 4. FEI Number	1	400	lied For
	lace of Business	2a. Mailing Address					<del></del>	Applicable
21	44 ata	Suite, Apt. #, etc.			13-2969935	\$2		
Suite, Apt. #, etc.		27		5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & Stat	te	City & State			6. Election Campaign Financing	8.5	00 4	May Be
23	.,	28			Trust Fund Contribution	•	ided to	•
Zip	Country	Zip	Country		8. This corporation owes the current year	ar Intangible		
24	25	29 3	30		Personal Property Tax.	☐ Ye	s [	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registe	ered Agent		
			81	Name				
ROBINSON, PETER E.			82	Street Ado	dress (P.O. Box Number is Not Acceptable)			
HAZEN AND SAWYER ENVIR. CONSU								
	) HOLLYWOOD BOULEVARD SUI	TE 750N	83		<del>-</del>			
HOL	LYWOOD FL 33021		84	City		85	Zip Co	ode
					poration submits this statement for the purpo- ion's board of directors. I hereby accept the a	<b> - </b>	•	
acentra	im familiar with, and accept the obligat	10113 01, 3601011 001.0303, 1 10110						
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_	Signature, typed or printed name of registered agen	of and title if applicable. (NOTE: R	Registered Ager		red when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIR	_	
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: