FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000009139 (5)**

1. Corporation Name

ALLIED ENVIRONMENTAL CONSULTANTS, INC.

Principal Place of Business	Mailing Address
10689 N. KENDALL DRIVE SUITE 312 MIAMI FL 33176 US	10689 N. KENDALL DRIVE SUITE 312 MIAMI FL 33176 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 09/25/1995
4. FEI Number: 65-0382032 — 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

O'BRIEN, JOHN L
10689 N. KENDALL DRIVE
SUITE 312
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 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 _____ Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required without notarization) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TOSTANOSKI, JOHN E	
STREET ADDRESS	10689 N. KENDALL DRIVE SUITE 312	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VPST	☐ DELETE
NAME	O'BRIEN, JOHN L	
STREET ADDRESS	10689 N. KENDALL DRIVE SUITE 312	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VP	☐ DELETE
NAME	RATHENBURG, MICHAEL W	
STREET ADDRESS	10689 N. KENDALL DRIVE SUITE 312	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	AV	☐ DELETE
NAME	HARRISON, STEVEN A	
STREET ADDRESS	10689 N. KENDALL DRIVE SUITE 312	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME	Rothenburg, Michael W.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Asst. V.P.	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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: John O'Brien — JOHN L. O'BRIEN — 3/20/96 — 305-598-7658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #