SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
ANNUAL RPT DUE ON OR BEFORE 5/5/95 TO REINSTATE: $275

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:18

DOCUMENT # **P93000028853 (8)**

1. Corporation Name

ENVIRONMENTAL MITIGATION SERVICES, INC.

Principal Place of Business	Mailing Address
1045 EAST ATLANTIC AVE. SUITE 204 DELRAY BEACH FL 33483	1045 EAST ATLANTIC AVE. SUITE 204 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/20/1993	06/24/1994

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

4. FEI Number: 65-0406680 — 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
RISKIN, STAN L ESQ. 400 NW 70 AVE. PLANTATION FL 33317	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 _____ DATE
Signature, type or print name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	BUTLER, WILLIAM G	12 NAME	RYNIEC, MICHELE
STREET ADDRESS	4500 N. FED'RL. HWY., #302	13 STREET ADDRESS	291 NW 42ND AVE
CITY ST ZIP	LIGHTHOUSE PT. FL	14 CITY ST ZIP	COCONUT CREEK, FL
TITLE	VP	21 TITLE	VP ☐ Change ☒ Addition
NAME	RYNIEC, MICHELE	22 NAME	ROGER WORBOYS
STREET ADDRESS	291 NW 42ND AVE.	23 STREET ADDRESS	291 NW 42ND AVE
CITY ST ZIP	COCONUT CREEK FL	24 CITY ST ZIP	COCONUT CREEK, FL
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	LAIRD, PETER J	32 NAME	
STREET ADDRESS	4390 BIRDWOOD ST.	33 STREET ADDRESS	
CITY ST ZIP	PALM BCH. GARDENS FL	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	

CR2E034 (3/95)

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 the 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: Roger Worboys 6/27/95 407 243-6966
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

000012 CP