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 # **P93000028853 (8)**

1. Corporate Name

ENVIRONMENTAL MITIGATION SERVICES, INC.

Principal Place of Business

1045 EAST ATLANTIC AVE.
SUITE 204
DELRAY BEACH FL 33483

Mailing Address

1045 EAST ATLANTIC AVE.
SUITE 204
DELRAY BEACH FL 33483

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/20/1993

3a. Date of Last Report: 07/03/1995

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

RISKIN, STAN L ESQ.
499 NW 70 AVE.
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box No. Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] of the 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 [illegible] of the Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip	Delete
P	RYNIEC, MICHELE	291 NW 42ND AVENUE	COCONUT CREEK FL	☐
VP	WORBOYS, ROGER	291 NW 42ND AVE.	COCONUT CREEK FL	☐
ST	LAIRD, PETER J	4399 BIRDWOOD ST.	PALM BCH. GARDENS FL	☒
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City, St, Zip	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 a receiver or trustee or other person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 with an title or designation.

SIGNATURE: x [signature] V.P 1/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Roger Worboys