FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

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: 04/20/1993

2. Principal Place of Business	2a. Mailing Address
21 3333 WEST ATLANTIC BLVD	26 3333 W. ATLANTIC BLVD
Suite, Apt. #, etc 22 22	Suite, Apt. #, etc 27 22
City & State 23 POMPANO BEACH FL	City & State 28 POMPANO BEACH FL
Zip / Country 24 33069 / 25	Zip / Country 29 33069 / 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RISKIN, STAN L ESQ. 499 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RYNIEC, MICHELE		1.2 NAME		
STREET ADDRESS	291 NW 42ND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBLES, HECTOR		2.2 NAME		
STREET ADDRESS	1650 FAIRWAY ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRIDGES, VAN		3.2 NAME		
STREET ADDRESS	11114 DELTA CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STECKLOW, WILLIAM		4.2 NAME		
STREET ADDRESS	17192 HUNTINGTON PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	ROGER WORKBOYS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	291 NW 42nd AVENUE		5.2 NAME		
STREET ADDRESS	COCONUT CREEK FL		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 changed, or on an attachment with an address.

SIGNATURE: _____ 2/16/98