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

PROFIT CORPORATION ANNUAL REPORT

14. I do hereby certify that the information su information indicated on this annual report I am an officer or director of the corporati

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000073010 (9)

FLORIDA ENVIRONMENTAL ASSESSMENTS, INC.

| Principal Pla | ice of Business | Mailing Address | | ······································ | | | | |
|--------------------------------|--|--|---|--|---|-----------------------------------|-----------------------|---|
| ' | AIRBANKS AVENUE | 2705 WEST FAIRBANK WINTER PARK FL 327 | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 10/21/1993 | | e of Last R 1/1996 | eport |
| 2. Principal | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | plied For |
| 21 | | 26 | | | 59-3290322 Not Applical | | | |
| Suite, Ap | l #, etc. | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | ed \$8.75 Additional Fee Required | | |
| City & Stale | | City & State | | 6. Election Campaign Financing | | \$5.00 | | |
| 23 | Country | 28 | Cour | steu | Trust Fund Contribution | | Added t | |
| 24 | 25 | 29 | 30 | iu y | This corporation has liability for Florida Statutes | | ax under s (No | . 199.032 |
| [24] | 9. Name and Address of Curr | | 1901 | | 10. Name and Address of New I | | | |
| VO | SE, GRETCHEN R | | | 81 Name | | | <u> </u> | |
| 2705 WEST FAIRBANKS AVENUE | | | | 62 Street Ad | dress (P.O. Box Number is Not Accept | (able) | | |
| WINTER PARK FL 32789 | | | | OL OHOGE AG | Caross (1:0: Box Hallibe: 13 Hot Accopt | | | |
| | | | | 83 | | | | |
| | | | - | 84 City | | | 85 Zip (| Code |
| | | | | | | FL | ' | |
| office or agent. I | | | atutes, me ab vas authorized 5, Florida Statu | by the corporates. | orporation submits this statement for the ration's board of directors. I hereby acc | ept the appoi | intment as | registered |
| L | Signature, typed or printed name of registered | | | Agent signature rec | quired when reinstating) ADDITIONS/CHANGES TO OF | DATE | SIDEOTOR | |
| 12. | -T-= | AND DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OF | | Change | Addition |
| NAME | D Lybrand, Bruce e | | 1.2 NA | | | | _1 ondinge | C Madrian |
| STREET ADDRESS | | ENI JE | | HEET ADDRESS | | | | |
| Off V - \$1 - 7 i ² | WINTER PARK FL 32789 | | | Y-ST-ZIP | | | | |
| THILF | D | DELETE | 21 TIT | | | Ţ | Change | Addition |
| NAME | REITER, BARRY A | | 2.2 NA | ME | | | | |
| STREET ADURESS | | ENUE | 2 3 STF | REET ADDRESS | | | | |
| CITY -ST - 7/P | WINTER PARK FL 32789 | | 2 4 00 | TY-ST-ZIP | | | | |
| 1014E | | ☐ DELETE | 31 TIT | LE | | [| _] Change | Addition |
| NAME | | | 3 2 NA | ME. | | | | |
| STREET ADDRESS | 8 | | 33 ST | REET ADDRESS | | | | |
| City-St-ZF | | ☐ DELETE | | TY-ST-ZIP | | | Change | Addition |
| NAME | | L. DECENC | 4.1 TiTi 4.2 NA | | | i. | "1 Cuante | LT AUGITOR |
| STREEF ADDRESS | s | | | REET ADDRESS | | | | |
| CITY-ST-7IP | , | | 1 | Y-ST-2IP | | | | |
| THEF | | ☐ DELETE | | | | [| Change | Addition |
| NAME | | | 5 2 NA | ME | | | | |
| STREET ADORESS | s | | 5.3 ST | REET ADDRESS | | | | |
| CHTV+ST-7IP | | | | Y-\$7-ZIP | | | | *************************************** |
| TITLE | | ☐ DELETE | 61 TIT | LE | | | _] Change | Addition |
| NAME | | | 6.2 NA | i | | | | |
| STREET ADORESS | S | | 6.3 \$1 | REET ADDRESS | | | | |
| | | | | | | | | |

or with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the supplemental annual reports true and accurate and that my signature shall have the same legal effect as if made under oath; that if the receiver outsides inpowered to occur this report as required by Chapter 607, Florida Statutes; and that my name