SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P9400006400 (3)

SAFESOIL ENVIRONMENTAL CONSULTANTS INC.

Principal Place of Business

Mailing Address

FILED Aug 29 1997 8:00am Secretary of State



BOCA RATON		299 N.E. 3RD STR BOCA RATON FL						
		DOM WHOLE DAY				DO NOT WRITE IN THIS SPACE		
•						3. Date Incorporated or Qualified	3a. Date of La	ist Report
		γ				01/18/1994	05/01/1	996
2. Principal Pla	ace of Business	f−1 ~	2a. Mailing Address			4. FEI Number		Applied For
21		26			·	65-0466054		Not Applicable
Suite, Apt. #		Suite, Apt. #, etc. 27				5. Certificate of Status Desired		
City & State		City & State				6. Election Campaign Financing	\$5.	.00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country	Zip	n	untry		8. This corporation owes or has pai		
24	25 9. Name and Address of Currer	29	30	Υ		Personal Property Tax due June		∐ No
	·· 	ur veðisteleg Aðeur		81	Mana	10. Name and Address of New Re	elstered Agent	
	OT, JONATHAN S YAMATO ROAD			וים	Name			
			82 Street Address (P.O. Box Number is Not Acceptable)					
	TE \$101							
ВО	CA RATON FL 33431			83				
				84	City		85	Zip Code
				ll	•		- I-1_	•
office or re	o the provisions of Sections 607.050 gistered agent, or both, in the State o familiar with, and accept the oblig	⊱or Florida. Such change	: was authorize	d by	the corporal	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changil t the appointmen	ng its registered it as registered
SIGNATURE								
12.	Ignature, typed or printed name of registered age	ent and title if applicable		d Ager	nt signature requi	red when reinstating)	DATE.	**************************************
TITLE	D OFFICERS AN	DELET	13. IE 117	TI C		ADDITIONS/CHANGES TO OFFIC		
NAME	KOLARSICK, WILLIAM T	D.C.C.	1				Char	nge 🔲 Addition
	299 N.E. 3RD STREET		1.2 N					
STREET ADDRESS	BOCA RATON FL 33432				ADDRESS			
CITY-ST-ZIP	BOCK HATON FL 33432	D bruta		ITY-ST	1-7IP			
TITLE		∐ DELET					∟ Char	nge Addition
NAME			2.2 N	AME				
STREET ADDRESS			2.3 \$1	TREET A	ADDRESS			
CITY-ST-ZIP				ITY-S	I - ZIP			
TITLE		L DELETE 3:		3.1 TITLE			☐ Chan	nge 🔲 Addition
NAME			3 2 N	AMÉ				
STREET ADDRESS			3 3 81	IREET /	ADDRESS			
CITY-ST-ZIP				(TY - S1	1 · ZIP			
TITLE		DELET	IE 4.1 TF	TLE			☐ Chan	age Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$1	TREET A	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	- ZIP			
TITLE		☐ DELET	TE 5.1 TI	1LE			Chan	nge Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			5.4 CI	TY-ST	- ZIP			
TITLE		DELET	FE 6.1 TI	ΤίF			Chan	nge 🔲 Addition
NAME			6.2 N/	AME				
STREET ADDRESS			6.3 S1	REET A	ADDRESS			
CITY-ST-ZIP			6.4 CI	TY-ST	-ZIP			
14. I do hereby	certify that the information supplied	d with this filing does not	qualify for the	exen	notion stated	In Section 119.07(3)(i), Florida Statutes	. I further certify t	hat the
l am an offi appears in	indicated on this annual report or s cer or director of the corporation or Block 12 or Block 13 if changed, or	supplemental annual repo the receiver or trustee ei r on an attachment witha	ort is true and a mpowered to e in address.	execu	rate and that ute this repor	my signature shall have the same legal It as required by Chapter 607, Florida St	effect as if made atutes; and that r	under oath; that ny name