

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

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000044942 (8)

1. Corporation Name  
~~SPENCER, WHITE & PRENTIS ENVIRONMENTAL CORPORATION~~  
ON ~~THE MOHAWK CORPORATION~~

CHC  
REQUESTED 1/21/97



Principal Place of Business  
3747 QUAIL RIDGE DR  
BOYNTON BEACH FL 33436

Mailing Address  
3747 QUAIL RIDGE DR  
BOYNTON BEACH FL 33436-5342

3. Date Incorporated or Qualified 06/13/1994  
3a. Date of Last Report 01/30/1996

2. Principal Place of Business  
21 147 AUSTRALIAN AVE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 147 AUSTRALIAN AVE  
Suite, Apt. #, etc.

4. FEI Number 65-0486605  
Applied For Not Applicable

22 City/State  
23 Palm Beach FL

27 City/State  
28 Palm Beach FL

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33480  
25 Country USA

29 Zip 33480  
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LARUE, BRIAN M  
3747 QUAIL RIDGE DR  
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent  
81 Name BRIAN M. LARUE  
82 Street Address (P.O. Box Number is Not Acceptable) 149 AUSTRALIAN AVE  
83  
84 City PALM BEACH FL 85 Zip Code 33480

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	LARUE, BRIAN M	
STREET ADDRESS	3747 QUAIL RIDGE DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	149 AUSTRALIAN AVE		
1.4 CITY-ST-ZIP	PALM BEACH FL 33480		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	100002062951	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	-01/21/97--01012--045		
6.3 STREET ADDRESS	***165.00		
6.4 CITY-ST-ZIP			

14. I do 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: *[Signature]* BRIAN M. LARUE 1-8-97 561 659 0615

CR2E034 (9/96)