

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

FILED

96 JUN 21 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000083767 (1)

1. Corporation Name

ATLAS REMEDIATION SERVICES, INC.

Principal Place of Business

20711 US HWY 98
DADE CITY FL 33525

Mailing Address

20711 US HWY 98
DADE CITY FL 33525

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

APPLIED FOR

☒ 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SCHNEIDER, LAZ L
100 NE 3RD AVE.
SUITE 400
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D KABOT, GARY
STREET ADDRESS 9200 NW 14 CT
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE
NAME D RIGBY, T. ALEC
STREET ADDRESS 1720 S OCEAN BLVD
CITY-ST-ZIP MANALAPAN FL

TITLE ☐ DELETE
NAME D SILVERSTEIN, JOEL
STREET ADDRESS P.O. BOX 4367 N/A
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE
NAME D THOMAS, DAVID
STREET ADDRESS 20711 US HWY 98
CITY-ST-ZIP DADE CITY FL

TITLE ☒ DELETE
NAME T SMITH, BEM A
STREET ADDRESS 20711 US HWY 98
CITY-ST-ZIP DADE CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE P/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 200001819672
4.3 STREET ADDRESS -05/14/96--01013--035
4.4 CITY-ST-ZIP ***1800.00

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME BREST. S
6.3 STREET ADDRESS BRIAN K. EYE
6.4 CITY-ST-ZIP 20711 US HWY 98
DADE CITY, FL 33525

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Brian K. Eye - BRIAN K. EYE

4/30/96

(352) 583-3323

CR2E034 (12/95)