

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

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000084614 (4)**
1. Corporation Name
BIOLOGICAL & ENVIRONMENTAL CONSULTING, INC.



Principal Place of Business 6110 SOUTHWEST 55TH COURT DAVIE FL 33314	Mailing Address 6110 SOUTHWEST 55TH COURT DAVIE FL 33314-6105
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/18/1994	3a. Date of Last Report 05/20/1996
		4. FEI Number 65-0535388	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name RAQUEL M. MATAS, ESQ 82 Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF RAQUEL M. MATAS, P.A. 83 2333 Ponce de Leon Blvd. #650 84 City CONOL GORDON FL 85 Zip Code 33334
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Rogel Matas, Esq.* *RAQUEL M. MATAS* *5/28/97*
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RVP <input type="checkbox"/> DELETE	1.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMAHON, MARK P	1.2 NAME	M'Mahon Mark P
STREET ADDRESS	6110 SOUTHWEST 55TH COURT	1.3 STREET ADDRESS	6110 SW 55th Court
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARL K. ROBINSON	2.2 NAME	Earl Robinson
STREET ADDRESS	6110 SW 55th Ct	2.3 STREET ADDRESS	6110 SW 55th Court
CITY-ST-ZIP	DAVIE, FL. 33314	2.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMahon Mark P.	3.2 NAME	M'Mahon Mark P.
STREET ADDRESS	6110 SW 55th Court	3.3 STREET ADDRESS	6110 SW 55th Court
CITY-ST-ZIP	DAVIE, FL. 33314	3.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson Earl	4.2 NAME	Robinson Earl
STREET ADDRESS	6110 SW 55th Court	4.3 STREET ADDRESS	6110 SW 55th Court
CITY-ST-ZIP	DAVIE, FL. 33314	4.4 CITY-ST-ZIP	DAVIE, FL. 33314
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Mark P. McMahon* *6/4/97* *954-584-3456*

CR2E034 (9/96)