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

STREET ADDRESS

CITY-ST-ZIP

Feb 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mostham Secretary of State ANNUAL REPORT Secretary of Suite DIVISION OF CORP 1998 RATIONS DOCUMENT # P95000073619 (5) SOUTHERN ENVIRONMENTAL MANAGEMENT, INC. Mailing Address Principal Place of Business 10075 S. FEDERAL HWY 3500 SE PINE VALLEY ROAD PORT ST. LUCIE FL 34952 SUITE 129 PORT ST LUCIE FL 34952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0605016 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. □ No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VITALE, STEVEN G ESO 3010 S.W. DALHART ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34952 83 City Zip Code 85 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) Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE 11100 Change TITLE SAME . KELLER, R. ORENDER NAME 1.2 NAME 484 FAIRCHILD STREET ADDRESS 1.3 STREET ADDRESS PORT ST LUCIE FL 34952 CITY-ST-ZIP 1.4 CITY- \$1 - 2\P DELETE Change 2.1 TITLE Addition TITLE CARELLI, LEAH NAME 22 NAME 3208 SE BRAEMER WAY STREET ADDRESS 2.3 STREET ADDRESS PORT ST LUCIE FL 34952 CITY-ST-ZIP 2. 4 C(1Y - \$1 - Z)F DELETE Change Addition TITLE 3.17016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP Change DELETE TITLE 4.1 10116 Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change Addition 5.1 THEE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE Change Addition TITLE 6.1 7H LE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 City-St-7/P

14. I 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 eath; 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.

FILED