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May 01 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 # **P95000076851 (1)**

1. Corporation Name

EQL ENVIRONMENTAL SERVICES, INC.



Principal Place of Business 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5461	Mailing Address 2601 S. BAYSHORE DRIVE 9TH FLOOR MIAMI FL 33133-5412
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3. Date Incorporated or Qualified 10/06/1995	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0616421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

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
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9. Name and Address of Current Registered Agent
**LANGLEY, MARCIA H
2601 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461**

10. Name and Address of New Registered Agent 81 Name JOEL K. GOLDMAN 82 Street Address (P.O. Box Number is Not Acceptable) 2601 S. Bayshore Dr. 83 9th Floor 84 City Miami FL 85 Zip Code 33133

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 *Joel K. Goldman* *Joel K. Goldman* *4/11/97*
Signature of, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANNES, LISA D 2601 S. BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	VS/D Goldman, Joel K. 2601 S. Bayshore Dr. Miami FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS GOLDMAN, JOEL K. 2601 S. BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V/A S Langley, Marcia H. 2601 S. Bayshore Dr Miami FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS LANGLEY, MARCIA 2601 S. BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VT Fischer, John H. 2601 S. Bayshore Dr Miami FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JEFFREY, THOMAS W. 2601 S. BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	V/C/A S CARLETON, CALLIS N. 2601 S. Bayshore Dr Miami FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VY FISHER, JOHN H. 2601 S. BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	PD ANNES, LISA D. 2601 S. Bayshore Dr. Miami FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARLETON, CALLIS N. 2601 S. BAYSHORE DR. 9TH FLOOR MIAMI FL 33133-5461 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	V CRANE, DAVID P. 2601 S. Bayshore Dr. Miami FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Joel K. Goldman* *Joel K. Goldman* *4/11/97* *305-259-4071*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)