

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 FEB 18 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 33133-5461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1995

4. FEI Number

65-0616421

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
2601 SOUTH BAYSHORE DRIVE
9TH FLOOR
MIAMI FL 33133-5461

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Not Permitted for Registered Agent)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANNESS, LISA D	
STREET ADDRESS	2601 S. BAYSHORE DR. 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GOLDMAN, JOEL K.	
STREET ADDRESS	2601 S. BAYSHORE DR. 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA	
STREET ADDRESS	2601 S. BAYSHORE DR. 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W.	
STREET ADDRESS	2601 S. BAYSHORE DR. 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL 33133-5461	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FISHER, JOHN H.	
STREET ADDRESS	2601 S. BAYSHORE DR. 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL	
TITLE	VCAS	<input checked="" type="checkbox"/> DELETE
NAME	CARLETON, CALLIS N.	
STREET ADDRESS	2601 S. BAYSHORE DR. 9TH FLOOR	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Westerdahl, Howard	
1.3 STREET ADDRESS	2601 S. Bayshore Drive	
1.4 CITY - ST - ZIP	Miami, Florida 33133	
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	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Laguardia, John	
5.3 STREET ADDRESS	2601 S. Bayshore Drive	
5.4 CITY - ST - ZIP	Miami, Florida 33133	
6.1 TITLE	VCAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Cook, Paula	
6.3 STREET ADDRESS	2601 S. Bayshore Drive	
6.4 CITY - ST - ZIP	Miami, Florida 33133	

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 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, V.P.

2-13-98

305-859-4000

CR2E034 (10/97)