## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000080543 (8)

EARTH	I SYSTEMS ANALYSIS, INC	).		: 	
Principal Place 4310 N.E. 25 FORT LAUDE		Mailing Address  4310 N.E. 26TH AVENU FORT LAUDERDALS FL R 0 · Box 210	22308.	I CODICOOL SIG TELEF DING DOWN COUNT CENT BASIC LOGIC COUNT DIRECT FING 1987	
			mer, pr 33421	3. Date incorporated or Qualified 10/17/1995	3a. Date of Last Report
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.		<b>65-063-763 5.</b> Certificate of Status Desired	Not Applicable   \$8.75 Additional   Fee Required
City & State	·	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zp	Country 25	Ζιρ <b>29</b>	Country 30	8. This corporation has liability for	Added to Fees
	9. Name and Address of Currer		[00]	10. Name and Address of New F	
			81 Name		
Leonard, C. Glenn 4875 North Federal Highway			82 Street Addre	ss (P.O. Box Number is Not Acceptab	ye)
10TH FL			83		
FORT LA	AUDERDALE FL 33308		84 City		FL 85 Zip Code
11. Pursuant t Or register familiar wit S'GNATURE	to the provisions of Sections 607,0502 est agent, or both, in the State of Florieth, and accept the obligations of, Sect States, 51ed of the Privile of registres agent	1/2	s, the above-named corpora d by the corporation's board E Rigistered Agent signature registrati		rpose of changing its registered office ointment as registered agent. I am
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
10°LE	D	☐ DELETE	1 1 THLE		☐ Change ☐ Addition
NAME	FINKL, CHARLES W JR		12 NAME		
STREET ADDRESS	4310 N.E. 25TH AVENUE	^	13 STREET ADDRESS		
CHY-SI-ZIP	FORT LAUDERDALE FL 3330 D	<b>b</b> <b>∑</b> DELETE	1 4 C/TY - ST - ZIP 2 1 TiTLE		
NAMe	RESTREPO, JORGE	DECENT	2 2 NAME		Change Maddition
STREET ADDRESS	212 E. LAKEWOOD ROAD		2 3 STREET ADDRESS		
O(15 - \$1 - 20)	WEST PALM BEACH FL 3340	95	2 4 CITY - ST - ZIP		
111.f	D	☐ DELFTE	3 1 TITLE		Change Addition
NAMI	MYERS, STACY		3 2 NAME		
STREET ADDRESS	1093 S.W. 12 ROAD		3.3 STREET ADDRESS		
CITY - S1 - ZIP	BOCA RATON FL 33486	<b>53</b> pc. sys	3.4 CITY - ST - ZIP		
10'(f		☐ DELETE	4 1 TITLE		Change Addition
NAME Construction			4.2 NAME		
STREET ADDRESS ONY IST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TILL		DELETE	5 1 TITLE		Change Addition
NAM:		bes mil	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		!
CHY SI-ZIC			5 4 CITY - ST - 7IP		
Title		☐ DELETE	6 1 TITLE		Change Addition
NAM!			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 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 cath; 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SUNNING OFFICER OR DIRECTOR

Date

Date