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

PROFIT **CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086142 (2)

ENVIRONMENTAL MANAGEMENT ADMINISTRATORS, INC.

Principal Place of Business CACOPA

Mailing Address

## FILED

98 APR 30 PM 1: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA



19106 GOLDEN GOGOON PLACE LUTZ FL 33549		19106 GOLDEN <del>COOCOON</del> PLACE LUTZ FL 33549		DO NOT WRITE IN THIS SPACE	
				<ol> <li>Date Incorporated or Qualified</li> <li>10/18/1996</li> </ol>	
2. Principal F	Place of Business	2a. Mailing Address		10/10/1990 4. FEI Number	Applied For
21 19106	GOLDEN CACOON	26 19106 60006	N CACOON PL.		Applied For Not Applicable
Suite, Apt.		Suite. Apt. #, etc.			\$8.75 Additional
City & State		City & State		5. Certificate of Status Desired	Fee Required
23 LUTZ, FL.		28 LYTZ, FC		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 3 3 5	549 25 HILLSBOROKII		Country 30 US A	<ol><li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li></ol>	Yes No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	Agent
	PRPORATION SERVICE COMPANY		81 Name		
1	01 HAYS STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
į TA	LLAHASSEE FL 32301-2525		83	000002511	<del>491 }</del>
Ī			83	05/05/980	
			84 City		####PEAdeOO
44 Pureuant	to the provisions of Sactions CO7 REGS	and CO7 1EOR Florida Chat A			
office or r	egistered agent, or both, in the State of	filorida, Such change was a	es, the above-named corporate authorized by the corporate	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
l	im familiar with, and accept the obligation	ins of, Section 607.05 <b>0</b> 5, Flo	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent a	ed ette it applicable (NOT)	Registeren Angel signature requi	reduction reinstating) SPELLING DATE	
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	DPST	DELETE	1.1 TITLE	PET	Change Addition
NAME	MEGHAN, VIRGINIA S		1.2 NAME	ECHAN, VIRGINIA S	
STREET ADDRESS 19106 GOLDEN COCOON PLAZA			1.3 STREET ADDRESS	106 GOLDEN CACOON F	lace
ATY-ST-ZIP	LUTZ FL 33549		14 CHY-ST-ZIP	EEHAN, VIRGINIA S 1106 GOLDBN GAGOON F 472, FL 33549	
1 TLE		☐ DELETE	21 TITLE		Change Addition
AME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-SI-ZIP		
TITLE		L.J DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP		
NAME		ביין טגננונ	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4 3 STHEET ADDRESS		
TITLE		DELE <b>TE</b>	4.4 CITY - ST - ZIP 5.1 TITLE	<u> </u>	Change Addition
NAME			5.2 NAME		crange
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	/	1 6
STREET ADDRESS			6.3 STREET ADDRESS	$\bigcup$	B1130 MX 1
CITY-ST-ZIP			6.4 CITY-ST-ZIP	$\mathcal{T}$	14/2/11

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. VIRGINIA S. MEBHAN