

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S01226 (7)

1. Corporation Name

ENVIRONMENTAL MITIGATION PLANNING ASSOCIATES, IN
C.



Principal Place of Business

8525 SW 92 STREET
SUITE C-11
MIAMI FL 33156

Mailing Address

8525 SW 92 STREET
SUITE C-11
MIAMI FL 33156

3. Date Incorporated or Qualified

09/19/1990

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0234802

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'LEARY WILLIAM O.
8525 S.W. 29TH STREET
STE C 11 B
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 their 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
O'LEARY, WILLIAM A.
8525 SW 92 STREET
MIAMI FL ☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
MCMAHON, MARK P.
933 NW 100TH STREET
MIAMI FL ☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/15/96

3055969/66

CR2E034 (12/95)