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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V27618**1. Corporation Name

(0)

Mailing Address

PMK ENVIRODATA OF FLORIDA, INC.

FILED Feb 05 1997 8:00am Secretary of State

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1901 WEST CYPRESS CREEK DR. FT. LAUD FL 33309 US		1322 ALLAIRE RD Spring Lake nj 07762-2521 US			·				
				3. Date Incorporated or Qualified 04/10/1992		3a. Date of Last Report 08/28/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	i i	Applied For		
21		26			25-0332248		Not Applicable		
Suite, Apt 22	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required		
City & Stat 23	e	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees		
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25		30			Yes No			
	9. Name and Address of Curre	-	81	Nome	10. Name and Address of New Re	gistered Agent	****		
	PORATION INFORMATION SEF	rvices inc.	81	Name	1				
1201 HAYS ST. TALLAHASSEE FL 32301			82 Street Add		Address (P.O. Box Number is Not Acceptate	ole)			
			83						
			84	City		FL 85 Z	ip Code		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was au	uthorized b	y the co	d corporation submits this statement for the proporation's board of directors. I hereby acception	surpose of changing	g its registered as registered		
SIGNATURE	Signature, typied or printed name of registered a	igent and line if applicable (NOTE	Registered Ag	ent signatu	re required when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.	······	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12		
TITLE	V	DELETE	1.1 TITLE		IV	🔀 Chang	je Addition		
NAME	KEEGAN, PHILLIP M		1.2 NAME		KEEGAN, Philip M. D.				
STEEFT ADDRESS	493 LEHIGH AVENUE		1.3 STREE	ADDRESS	629 Spring FIE 10 110.				
CITY+ST-ZIP	UNION NJ 07083		1.4 CITY-	ST-ZIP	Keegan, Philip M. Rd. 629 Spring Field Rd. Kenilworth, NJ 0703	13			
TITLE	P	☐ DELETE	2.1 TITLE	·····		Chang	e Addition		
NAME	GERARD, ROBERT M		2.2 NAME						
STREET ADDRESS	1322 ALLAIRE ROAD		2.3 STREE	ADDRESS	· ·				
CITY ST-2IF	SPRING LAKE NJ 07762		2. 4 CITY -	ST-ZIP	<u> </u>				
TITLE		DELETE	3 1 TITLE			Chang	je Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	ADDRESS					
CITY - ST - ZIF			3.4. CITY -	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			L Chang	ge Addition		
NAME			4. 2 NAME						
\$TREET ADDRESS			4.3 STREE	ADDRESS					
CITY-ST-ZIF			4.4 CITY -	ST-ZIP		- Part -	··· ·· /		
TITLE		☐ DELETE	5.1 TITLE			L Chang	je L. Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CHTY-ST-7F		T DELETE	5.4 CITY-	ST - ZIP		——————————————————————————————————————			
TiTLE		L DELETE	6.1 TITLE			L Chang	ge L. Addition		
NAME			6 2 NAME						
STREET ADDRESS			6.3 STREE	r address					
City-St-7P		Control 20 at a City	6.4 CITY		stated in Section 119 07/3/(i) Florida Statute				

4. 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 of changed, or on an attachment with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

Daytime Phone #