

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 849759 (6)

1. Corporation Name
HEATH CONSULTANTS INCORPORATED

Principal Place of Business 8030 MONROE RD P O BOX 9114 HOUSTON TX 77061 US	Mailing Address 8030 MONROE RD P O BOX 9114 HOUSTON TX 77061 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 07/17/1981	4. FEI Number 04-2144731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	DELETE <input checked="" type="checkbox"/>
NAME	EYNON, STUART B	
STREET ADDRESS	11 FRANKLAND RD	
CITY-ST-ZIP	ASHLAND, MA 00000	
TITLE	V	DELETE <input type="checkbox"/>
NAME	MASSICOTTE, NORMAND D	
STREET ADDRESS	1400 EL CAMINO VILLAGE DR #2702	
CITY-ST-ZIP	HOUSTON TX	
TITLE	P	DELETE <input type="checkbox"/>
NAME	MIDGLEY, GRAHAM G.	
STREET ADDRESS	4210 ROCK SPRINGS DRIVE	
CITY-ST-ZIP	KINGWOOD TX	
TITLE	S	DELETE <input type="checkbox"/>
NAME	MUNRO, M VANCE	
STREET ADDRESS	5 PATRICIA RD	
CITY-ST-ZIP	FRAMINGHAM, MA 00000	
TITLE	AT	DELETE <input checked="" type="checkbox"/>
NAME	HEATH, RUTH T	
STREET ADDRESS	80 OLD ORCHARD RD	
CITY-ST-ZIP	SHERBORN, MA 00000	
TITLE	CTD	DELETE <input type="checkbox"/>
NAME	HEATH JR, MILTON W	
STREET ADDRESS	80 OLD ORCHARD RD	
CITY-ST-ZIP	SHERBORN, MA 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V.P. ADMINISTRATION
5.3 STREET ADDRESS	TAREN E. HOLLISTER
5.4 CITY-ST-ZIP	13906 ROSEBRANCH CT. HOUSTON, TX 77059
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Taren E. Hollister* 2/108 7189441300

CR2E034 (10/97)