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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

,	JMENT # F940 on Name TAL HEALTH & SAFETY IN	•	2)	 	1) 88 111 6 814 8834	T ŽIJIA (HOLA HITIZ IJRI JADI	
Principal Place of Business Mailing Address SUITE 705 9950 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957 BENERAL EL 34957			N DRIVE				
JENSEN BE	EACH FL 34957	JENSEN BEACH FL	34957	3. Date Incorporated or Qualified 12/07/1994		of Last Report 104/1995	
_ `	Place of Business	2a. Mailing Address		4. Fal Number	ן דיט	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		54-1663366		Not Applicable	
2		27 Suite, Apr. #, etc.		5. Certificate of Status Desired	N/	\$8.75 Additional Fee Required	
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip I	Country 25	Zip	Country	8. This corporation has liability for i	intangib <u>le</u> tax	under s 199.032,	
1	9. Name and Address of Curr	29 rent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	Νo		
GRANDE, CHARLES SUITE 705 9950 SOUTH OCEAN DRIVE JENSEN BEACH FL 34957			83	ress (P.O. Box Number is Not Acceptab			
1. Pursuant t	to the provisions of Sections 607,05	02 and 607.1508, Florida State	utes, the above name I co por	ration submits this statement for the puri rd of prectors. I hereby accept the appo	FLI	85 Zip Code	
familiar wit	ith, and accept the obligations of, Se	onua. Such change was author	ized by the corporation's boar	rd of piroclara I harabi and a second		in a realistored outde	
IGNATURE _	<u> </u>		s. Im	The applications is thereby accept the applications	antment as re	gistered agent. I am	
IGNATURE _	Signature, typied or printed name of registered age	ent and title if applicable. டு	NOTE Registered Agort significare requires	d when rainst-ting:	1-/J-	gistered agent. I am	
IGNATURE _	Signature, typied or printed name of registered age	ent and title if applicable. (*)	KOTE Registered Ago't signiture required	Winds Thereby accept the appo	DATE CERS AND D	gistered agent. I am 9 L IRECTORS IN 12	
GNATURE _ 2. LE ME REEI ADDRESS	Signature, typed or printed number of registered age OFFICERS A PD GRANDE, EMILY 9950 SOUTH OCEAN DRIVE	ent and title if applicable. (f	NOTE Registered Appet sign/sure required 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	d when rainst-ting:	DATE CERS AND D	gistered agent. I am	
IGNATURE	Signature, typed or printed number of registered as OFFICERS A PD GRANDE, EMILY 9950 SOUTH OCEAN DRIVING JENSEN BEACH FL 34957 VCST	ent and title if applicable. (f	NOTE Registered Applit sign from required 13. 1.1 TITLE 12 NAME	d when rainst-ting:	DATE CERS AND D	94 PL RECTORS IN 12 Change	
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eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ch

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

407 229 7878