2 nd and	d File on or before Sep TICE: will be dissolved.	ot. 29, 19	99 or Limited Liab	ollity Company				
LIMITED LIABILITY COMPANY ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State					FILED SECRETARY OF STATE DEVISION OF CORPORATIONS			
1999 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee					99 JUL 26 PM 2: 17			
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L9600000043						ce of Business /	Addrone	
ENVIRONMENTAL SAFETY AWARENESS, L.C. 513 N. EGLIN PKWY FT WALTON BEACH FL 32547					513 N. EGLIN PKWY FT WALTON BEACH FL 32547			
2 Principal Place of Business 2			ng Address	3. Date Organized or Qualified 3s		3a. State o	3a. State of Formation	
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			01/12/1996 FL			
City & State		City & State			Applied For			
Zip Country		Zip Country			5. Date of Last R			Not Applicable le of Status Desired
	7. Name and Address of Current	<u> </u>			03/02/1			onal Fee Required
RICHARDSON, WALTER H 513 N. EGLIN PKWY FT WALTON BEACH FL 32547 Suite, Apt. #, etc. City 9. Pursuant to the provisions of Sections 698 416 and 608 508, Florida Statutes, the above-named limiter its registered office or registered agent or both, in the State of Florida, Such change was authorized by affirm as registered agent, and accept the obligations. SIGNATURE					Zip Code FL Zip Code			
(Registered Agent Accepting App Antment) In 10. Title Managing Members/Managers			OTE Registered Agent signature required when reinstating) Business Street Address			City, State and Zip Code		
MGRM S	SORRELLS, ROBERT L JR. 316			30 BUTLER ROAD NW		FORT WALTON BEACH FL		
MGRM K	CAFEL, WILLIAM		1225 RHON	DA DRIVE	7¢	10002 -07/30	0/990	5070 1106005 ****\$88.75
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING MANAGING MUMBER OR MANAGIRE Daylors Prince #								