


FILE NOW: FILING FEE IS \$61.25

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Jan 25, 1999 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N29024

1. Corporation Name

SOCIETY FOR ENVIRONMENTAL AWARENESS, INC.

Principal Place of Business
67 NW 21 STREET
HOMESTEAD FL 33030-3226

Mailing Address
67 NW 21ST STREET
HOMESTEAD FL 33030
US



| | | |
|---|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 3. Date Incorporated or Qualified 10/27/1988 4. FEI Number 59-2919000 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

9. Name and Address of Current Registered Agent

SMITH, BETSY A., PH.D.
67 NW 21 STREET
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|--|
| TITLE | VPDS | 1.1 TITLE | |
| NAME | BIGGER, CHARLES | 1.2 NAME | |
| STREET ADDRESS | 128 RIVIERA DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAVERNIER FL 33070 | 1.4 CITY-ST-ZIP | |
| TITLE | PDT | 2.1 TITLE | |
| NAME | SMITH, BETSY A. | 2.2 NAME | |
| STREET ADDRESS | 67 NW 21ST STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOMESTEAD FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | |
| NAME | LAUFFER, MARY ANN | 3.2 NAME | |
| STREET ADDRESS | 290 BETHEL ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH HUNTINGTON PA 15642 | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 Betsy A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/99

Daytime Phone #

305-245-9684

CR2E037 (1/98)