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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Sandra B. Mortham Secretary of State

1996

DOCUMENT # N44311

(1)

ENVIRONMENTAL SAFETY SEMINARS INC.

Principal Place of Business
P. O. BOX 83-0692
ATTN: ROBIN N. CHAMBERS
MIAMI FL 33283-7892

Mailing Address

P. O. BOX 83-0692 ATTN: ROBIN N. CHAMBERS MIAMI FL 33283-7892



				MIAMI FL	00500-1035								
2. Principal I	Place of Busin	inne.							07/12	orated or Qualified /1991	<b>3a</b> . Da	te of La 05/01/	st Report 1995
21	I IGOO OF DUSH	655	<u> </u>	2a. Mailing	Address				4. FEI Numbe	C0000	· · · · · · · · · · · · · · · · · · ·		Applied For
Suite, Apt	t. #. etc.				Ant # 41-		<del></del>	·	00702	60902			Not Applicab
2			<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additiona					
City & Sta	ite			City &	State							Fe	e Required
23			1	28	outo					mpaign Financing		\$5.	.00 May Be
Zip		Country		Zip		Cou	intry			Contribution		Add	ded to Fees
24		25		29		30			Florida State	ation has liability for			s. 199.032,
	9. Name	and Address of	Current Re	gistered A	gent	1221.	<u> </u>			Address of New F	Yes []	No	
OI IA IA IBI	FRA BASH				-		81 N	ame			IOBISIGION Y	-Reur	
	ers, Robin					ļ	<b>82</b> Si	-0.01 1 444	/D O D N				
	S.W. 112 AV	E.					02 3	reet Addr	ess (P.O. Box Num	ber is Not Acceptat	ole)		
MIAMI F	L 33181					ļ	83					···········	
						}.	04 0						
						l l	<b>84</b> Ci	•			<b>C</b> 1	85 2	Zip Code
<ol> <li>Pursuant or register</li> </ol>	to the provision	ons of Sections 61	7.0502 and	617.1508, F	Ionda Statutes	s, the abov	ve-name	ed corpora	ation submits this s	tatement for the pur	DOSO of obor	L L	sacista est de
farniliar w	ith, and accer	of the obligations o	of Florida. Sof, Section 6	исл слапде 17.0503. Fid	was authorize orida Statutes	d by the c	orporati	on's board	d of directors. I here	tatement for the pur eby accept the appo	pose of char pintment as r	igirig its egistere	registerea опк xd agent, I am
SIGNATURE					The second second							•	•
	Signature, typed o	or printed name of register			(NOTE	Registered /	Agent signa	ture required	when reinstating)		DATE		
12. TILE	D	OFFICER	RS AND DIF			13.				CHANGES TO OFFI		DIRECT	ORS IN 12
	_	RS, ROBIN N.			]DELETE	1.1 T/TI	LE					1 Change	Addition
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								- 1					
						1.3 STR	REET ADOR	ESS					
CITY-ST-ZIP	MIAMI FL							ESS					
CITY-ST-ZIP TITLE	MIAMI FL TD	33176		Ē	]DELETE		REET ADOR Y-ST-ZIP	ESS				Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL TD CHAMBE	33176 RS, PATRICIA L	•		]DELETE	1.4 C(T)	REET ADOR Y-ST-ZIP E	ESS				Change	☐ Addition
City-St-Zip Title Name Street acidress	MIAMI FL TD CHAMBE 10516 S.	33176 RS, PATRICIA L W. 112 AVE.		E	]DELETE	1.4 C(T) 2.1 T(T) 2.2 NAM	REET ADOR Y-ST-ZIP E					Change	☐ Addition
City-St-Zip Title Name Street acidress City-St-Zip	MIAMI FL TD CHAMBE 10516 S. MIAMI FL	33176 RS, PATRICIA L W. 112 AVE.				1.4 CITY 2.1 TITL 2.2 NAM 23 STR	REET ADDR Y-ST-ZIP LE ME					Change	☐ Addition
CHY-SI-ZIP  IITLE  NAME  STREET ACIDRESS  CHY-ST-ZIP  ITLE	MIAMI FL TD CHAMBE 10516 S.' MIAMI FL VD	33176 RS, PATRICIA L W. 112 AVE. 33176			]DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL	REET ADDR Y-ST-ZIP LE ME EET ADDRI Y-ST-ZIP E					Change	☐ Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/96 (305)279 9664