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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44311** (1)

1. Corporation Name

ENVIRONMENTAL SAFETY SEMINARS INC.

Principal Place of Business

Mailing Address

P. O. BOX 83-0892
ATTN: ROBIN N. CHAMBERS
MIAMI FL 33263-7892

P. O. BOX 83-0892
ATTN: ROBIN N. CHAMBERS
MIAMI FL 33263-7892

3. Date incorporated or Qualified

07/12/1991

4. FEI Number

65-0260902

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10516 SW 112th Ave

26 10516 SW 112th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI Florida

28 MIAMI Florida

Zip

Country

Zip

Country

24 33176

25 DADE

29 33176

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHAMBERS, ROBIN N.
10516 S.W. 112 AVE.
MIAMI FL 33181**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Robin N. Chambers* / **ROBIN N. CHAMBERS**

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

(NOTE: Registered Agent signature required when reinstating)

4/29/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **CHAMBERS, ROBIN N.**
STREET ADDRESS **10516 S.W. 112 AVE.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **TD** ☐ DELETE

NAME **CHAMBERS, PATRICIA L**
STREET ADDRESS **10516 S.W. 112 AVE.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **VD** ☐ DELETE

NAME **LYONS, JOAN**
STREET ADDRESS **10200 SW 164 TERR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☒ DELETE

NAME **LYONS, BERNARD**
STREET ADDRESS **10200 S.W. 164TH TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE: *Robin N. Chambers* / **ROBIN N. CHAMBERS**

4/29/98

325 279-9664

CR25037 (10/97)