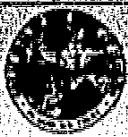


CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

94 JUN 30 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49719 (0)

1. Corporation Name
ENVIRONMENTAL HEALTH FOUNDATION, INC.

Mailing Address
4161 N. CAMINO DEL CEDAR
201 S. BISCAYNE BLVD.
TUCSON AZ 85718
US

Principal Place of Business
MIAMI CENTER - SUITE 2000
201 S. BISCAYNE BLVD.
MIAMI FL 33131

(DO NOT WRITE IN THIS SPACE)

2. Mailing Address
21 1760 East River RD.

2a. Principal Place of Business
26 1760 East River RD.

Suite, Apt. #, etc.

22 # 139 A

27 Suite, Apt. #, etc.

28 # 139 A

City & State

23 Tucson, AZ.

29 City & State

28 Tucson, AZ.

Zip

24 85718

County

25 USA

Zip

29 85718

Country

30 U.S.A.

3. Date Incorporated or Qualified 4. Date of Last Report
07/07/1992 04/21/1993

4. EIN Number
65-0343549

Applied For
 Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Foreign Corporation
Operating Trust
C Corp Contribution

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 190.02.
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BARKER, CLAYTON E.
MIAMI CENTER - SUITE 2000
201 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508 or 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 will be 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 607.0505 or 617.0504, Florida Statute.

SIGNATURE

Signature of registered agent and registered agent and director

Name of Registered Agent/Officer/ Director/Chairman

12

OFFICERS AND DIRECTORS

13

CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I declare, certify, that the information supplied with this filing is completely accurate and does not qualify for the exemption stated in law from FFCR under Chapter 44A. I further certify that the information supplied on this annual report is accurate and complete and that no separate statement for the corporation officer, director, or shareholder shall be filed if the corporation officer, director, or shareholder shall file a separate statement for the corporation officer, director, or shareholder. I declare that I am an officer or director of the corporation and that my signature shall be the corporation officer, director, or shareholder. I declare that this report is required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears in Block 12, 13 or Block 14 and changed to an attorney for me and an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR

Alan Bell

6-21-94

602-577-3664