

**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 CELDOR
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)

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
04/21/1993

4. FFL Number
65-0343549

Applied For
☐ **Not Applicable**

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

**6. For Non-Corporate
Transferee Trust
Transferee** ☐

**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 § 190.032,
Florida Statutes** ☐ Yes ☒ No

2. Mailing Address

21 1760 East River RD.
Suite Apt. #, etc.
22 # 139A

2a. Principal Place of Business

26 1760 East River RD.
Suite Apt. #, etc.
27 # 139A

City & State

23 Tucson, AZ.

City & State

28 Tucson, AZ.

Zip

24 85718

Country

25 USA

Zip

29 85718

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

PARKER, 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 607.1504 or Sections 617.0502 and 617.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, 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 tendered with, and accept the obligations of Section 607.0504 or 617.0504, Florida Statutes.

SIGNATURE

(Signature of person authorized to sign on behalf of corporation)

(Signature of Registered Agent, if not the same as above)

12. OFFICERS AND DIRECTORS

11 TITLE P/D
12 NAME BELL ALAN
13 STREET ADDRESS 4161 N. CAMINO DEL CELDOR
14 CITY, ST, ZIP TUCSON AZ
21 TITLE V/P/D
22 NAME PETRILLO RONALD
23 STREET ADDRESS 8801 NW 8TH ST.
24 CITY, ST, ZIP PLANTATION FL
31 TITLE V/P/D
32 NAME PETRILLO RONALD
33 STREET ADDRESS 8801 NW 8TH ST.
34 CITY, ST, ZIP PLANTATION FL
41 TITLE D
42 NAME BELL BOB
43 STREET ADDRESS 8900 SW 107TH AVE.
44 CITY, ST, ZIP MIAMI FL
51 TITLE S/T/D
52 NAME HECHTMAN BARRY
53 STREET ADDRESS 8900 SW 107TH AVE.
54 CITY, ST, ZIP MIAMI FL
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Director - co chairman
12 NAME Bell Alan
13 STREET ADDRESS 4161 N. CAMINO DEL CELDOR
14 CITY, ST, ZIP Tucson, AZ 85718
21 TITLE Director
22 NAME Stanford Henry King
23 STREET ADDRESS P.O. BOX 1065
24 CITY, ST, ZIP 510 West Lamar St.
25 AMERICUS, GA 31709-1065
31 TITLE ~~Director~~ Delete
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE D - Co-chairman
42 NAME Bell, Robert
43 STREET ADDRESS 8900 SW 107th Ave. Suite # 301
44 CITY, ST, ZIP Miami, FL 33176
51 TITLE S/T/D
52 NAME Hechtman Barry
53 STREET ADDRESS 8900 SW 107th Ave. Suite # 301
54 CITY, ST, ZIP Miami, FL 33176
61 TITLE Director
62 NAME Allen Robert
63 STREET ADDRESS 2901 N. CENTRAL AVE
64 CITY, ST, ZIP Phoenix AZ. 85012-2788

14. I hereby certify that the information supplied with this report is substantially true and correct and that the changes reported are in accordance with the provisions of the Florida Statutes. I further certify that the information is filed on this report in accordance with the provisions of the Florida Statutes, and that my signature shall be the same as the signature on the report. I understand that the information on this report is subject to audit by the Department of State, and that my name appears in Block 12 or Block 13 of this report, and that my name appears in Block 12 or Block 13 of this report, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Bell
Alan Bell

6-21-94 602-577-3664