

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49719 (0)
1. Corporation Name
ENVIRONMENTAL HEALTH FOUNDATION, INC.



Principal Place of Business Mailing Address
1780 E RIVER RD 1780 E RIVER RD
STE 139A STE 139A
TUCSON AZ 85718 TUCSON AZ 85718
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1992 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address
21 4161 N. Camino del Celador 26 Do. Box 5768
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0343549 Applied For Not Applicable

22 City State Tucson AZ 27 City State Tucson AZ

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

23 Zip 85718 Country USA 28 Zip 85718 Country USA

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 85718 25 USA 29 85718 30 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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	DC	1.1 TITLE	
NAME	BELL, ALAN	1.2 NAME	
STREET ADDRESS	4161 N. CAMINO DEL CELADOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TUSCON AZ	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	STANFORD, HENRY K	2.2 NAME	
STREET ADDRESS	510 W. LAMAR STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMERICUS GA	2.4 CITY-ST-ZIP	
TITLE	DCO	3.1 TITLE	
NAME	BELL, ROBERT	3.2 NAME	
STREET ADDRESS	8000 SW 107 AVE, SUITE 301	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	HECHTMAN, BARRY	4.2 NAME	
STREET ADDRESS	8000 SW 107 AVE, SUITE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ALLEN, ROBERT	5.2 NAME	
STREET ADDRESS	2001 N CENTRAL AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHOENIX AZ	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 do 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 supplementary 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 SIGNATURE REQUIRED - DC 520-577-3669 7-7-97

CR2E037 (4/97)