


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90035 029 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N49719</b>					
1. Corporation Name <b>ENVIRONMENTAL HEALTH FOUNDATION, INC.</b>					
Principal Place of Business <b>4161 N CAMINO DEL CELADOR</b> <b>TUCSON AZ 85718</b> <b>US</b>			Mailing Address <b>P.O. BOX 65768</b> <b>TUCSON AZ 85728</b> <b>US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/07/1992</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0343549</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HECHTMAN, BARRY</b> <b>8900 SW 107 AVE</b> <b>SUITE 301</b> <b>MIAMI FL 33176</b>				81 Name <b>BARRY Hechtman</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8100 S.W. 81 DR - Suite 210</b> 83 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33143</b>	

*Same agent - new address*

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	C	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	BELL, ALAN		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	4161 N. CAMINO DEL CELADOR		1.2 NAME		
CITY-ST-ZIP	TUSCON AZ 85718		1.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
NAME	BELL, VIVAN		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3745 NE 171 ST		2.2 NAME		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		2.3 STREET ADDRESS		
TITLE	ED	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWERIN, JOAN		3.1 TITLE		
STREET ADDRESS	4161 N CAMINO DEL CELADOR		3.2 NAME		
CITY-ST-ZIP	TUCSON AZ 85718		3.3 STREET ADDRESS		
TITLE	T	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HECHTMAN, BARRY		4.1 TITLE		
STREET ADDRESS	8900 SW 107 AVE, SUITE 301		4.2 NAME		
CITY-ST-ZIP	MIAMI FL 33176		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.1 TITLE		
STREET ADDRESS			5.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.1 TITLE		
STREET ADDRESS			6.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP			6.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-99 520-577-3664

CR2E037-11/1981