FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



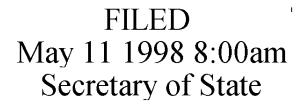
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083479 (4)

CENTER FOR ENVIRONMENTAL AND INDUSTRIAL MEDICINE





, INC.					
Principal Place of Business Mailing Address					
633 E. COLON ORLANDO FL	NAL DRIVE	633 E. COLONIAL DRIVE ORLANDO FL			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2 Principal Pi	lace of Business	2a, Mailing Address			11/29/1993 4. FEI Number Applied For
21		26			59-3228136 Not Applicable
Suite, Apt.	#, elc.	Suite, Apt #, etc.			SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Z(p Country		/	8. This corporation owes or has paid the current year Intangible
24]	25 Name and Address of Curren	29 30	<u> </u>		Personal Property Tax due June 30. Y Yes No 10, Name and Address of New Registered Agent
DEA		t tiegistered Agent	81	Name	10, Hallo and Abbres of Abs Hogisterou Agent
PEARLMAN, CRAIG S 201 SOU TH ORANGE AVENUE					
SUTIE 900			82	Street A	Address (P.O. Box Number is Not Acceptable)
	ANDO FL 32801		83		
U 1			84		lot l 7% Oada
			04	City	FL 85 Zip Code
office or re	to the provisions of Sections 607,050, ogisterod agent, or both, in the Stale m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	y the corpo	corporation submits this statement for the purpose of changing its registered contition's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or purified name of registered age OFFICERS ANI			ent signature r	required when relinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DS	DELETE	13. 1.1 Title	T	PRES/SECU/OR Addition
NAME	ADAMS, N L	_	1.2 NAME		1763/3600/70/1
STREET ADDRESS	633 E. COLONIAL DR.		1.3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 C(1Y - S	ST - ZIP	
TITLE	ÔVΡ	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, LOUIS		2.2 NAME	1	·
STREET ADDRESS	633 E. COLONIAL DR.		2.3 \$TREET	ADDRESS	•
CITY-ST-ZIP	ORLANDO FL		2 4 CITY-	ST-ZIP	
TITLE	D OMEGNEN MICHAEL I	∟ DFLETE	3.1 TITLE	[☐ Change ☐ Addition
NAME .	SWEENEY, MICHAEL J 340 KIWANIS CIRCLE		3 2 NAME		
STREET ADDRESS	CHULUOTTA FL 32766		3.3 STREET		
CITY-ST-ZIP TITLE	D D	DELETE	3.4. CHY-: 4.1 TITLE	SI-ZIP	Change Addition
NAME	KLOTZ, SOLOMON F	Em Decert	4.2 NAME	1	C. Grange C. Addition
STREET ADDRESS	303 E. PAR AVENUE		4.3 STREET	ADDRESS	
CITY-ST-ZIP	QRLANDO FL 32804		4.4 CITY-S		
TITLE	ĀS	DELETE	5 1 THILE		☐ Change ☐ Addition
NAME	GOLDBERG, MERYL		5.2 NAME		
STREET ADDRESS	633 E. COLONIAL DR	Į	5 3 STREET	ADDRESS	
CITY-ST-ZIP	ORLANDO FL		54 CITY-S	37 - ZIP	
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME		J	62 NAME		
STREET ADDRESS		ļ	6.3 STREET		
CITY-ST-ZIP		90 70 30 600 3 70 70 3 70 70 70 70 70 70 70 70 70 70 70 70 70	6.4 CITY - S	1 - ZIP	dis Continue 440 O7/OVE Florida Continue 14 at a continue 44 to 44 at a few at a

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 occupantion or the receive an fuller employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an alturnment with an address.