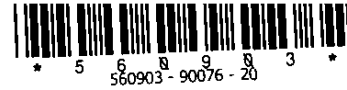


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90234 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P950000 34577**
 1. Corporation Name
EHSC, INC



Principal Place of Business 4001 40th WAY SO ST. PETE., FL 33711	Mailing Address 4001 40th WAY SO ST. PETE., FL 33711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 425 4th ST. S.	2a. Mailing Address 425 4th ST. S.
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3. Date Incorporated or Qualified
4-28-95

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

4. FEI Number
59-3325698

Applied For
 Not Applicable

23. City & State
SAFETY HARBOR FL
28. City & State
SAFETY HARBOR FL

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

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

24. Zip **34695** Country **US**
29. Zip **34695** Country **US**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**KENNETH WEBER
 4001 40th WAY SO
 ST. PETE., FL 33711**

10. Name and Address of New Registered Agent

81 Name **KENNETH WEBER**

82 Street Address (P.O. Box Number's Not Acceptable)
425 4th ST. S.

83

84 City **SAFETY HARBOR FL** 85 Zip Code **34695**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **KENNETH WEBER - PRESIDENT** *Kenneth Weber* **4/26/99**
Signature, typed or printed name of registered agent; and the if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PRINCIPAL PRESIDENT
STREET ADDRESS	KENNETH WEBER
CITY-STATE-ZIP	425 4th STREET SOUTH.
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1:2 NAME	
1:3 STREET ADDRESS	
1:4 CITY-STATE-ZIP	
2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2:2 NAME	
2:3 STREET ADDRESS	
2:4 CITY-STATE-ZIP	
3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3:2 NAME	
3:3 STREET ADDRESS	
3:4 CITY-STATE-ZIP	
4:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4:2 NAME	
4:3 STREET ADDRESS	
4:4 CITY-STATE-ZIP	
5:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5:2 NAME	
5:3 STREET ADDRESS	
5:4 CITY-STATE-ZIP	
6:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6:2 NAME	
6:3 STREET ADDRESS	
6:4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: **KENNETH WEBER - PRESIDENT** *Kenneth Weber* **4/26/99** **727 726 0929**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR