

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO SEPTEMBER 17, 1997: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000063615 (5)

1. Corporation Name

COASTAL HEALTH AND SAFETY CONSULTANTS, INC.

Principal Place of Business

5815 NORTH DURANGO TERRACE
BEVERLY HILLS FL 34465

Mailing Address

5815 NORTH DURANGO TERRACE
BEVERLY HILLS FL 34465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
5815 NORTH DURANGO TERRACE
BEVERLY HILLS FL 34465

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, who is an officer or registered agent, or both, in the State of Florida, Such change was authorized by the board of directors of the corporation, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, to file this statement.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GOODWORTH, JAMES S
STREET ADDRESS	8321 BELMONT ROAD
CITY-ST-ZIP	SPRING HILL FL 34608
TITLE	D
NAME	TAYLOR, MICHAEL
STREET ADDRESS	5815 NORTH DURANGO TERRACE
CITY-ST-ZIP	BEVERLY HILLS FL 34465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 is accurate and that my signature shall have the same legal effect as if made under oath; that I have executed this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

Michael Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

3. Date Incorporated or Qualified	3a. Date of Last Report
08/16/1995	04/23/1996
4. FEI Number	Applied For
59-3332950	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
10. Name and Address of New Registered Agent	

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

I, the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the appointment as registered agent.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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ED

FILED
Sep 17 1997 8:00am
Secretary of State

CR2E034 (4/97)

9/14/97 352-344-0917