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



ENVIRONMENT, SAFETY AN	ID HEALTH, INC.
Principal Place of Business	Mailing Address
9256 SE VENUS STREET	9256 SE VENUS STREET



CO	PROFIT RPORATION UAL REPORT 1997	Sandra B Secretar	TMENT OF STATE  Mortham  y of State  ORPORATIONS			
ENVIRO	MENT # P960C ONMENT, SAFETY AND HI	DOO33835 (5) EALTH, INC.  Mailing Address				
6256 SE VEN HOBE SOUN		9256 SE VENUS STREET HOBE SOUND FL 33455-54	174			
				3. Date Incorporated or Qualified 04/17/1996	3a. Date of Last R	
_	Place of Business	2a. Mailing Address		4. FEI Number 65-065956	1	oplied For
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		•	CR 75	ot Applicat Additional
2	<del></del>	27		5. Certificate of Status Desired	Fee Re	
City & Sta		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 Added to	to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	itangible tax under s. Yes - T No	. 199.032
4	25   9. Name and Address of Curr		30	Florida Statutes  10. Name and Address of New Reg		
n K	7. 16	NOO 607 1/60 7:	83 84 City		FL	Code
agent. I a	am familiar with, and accept the ob	digations of, Section 607.0505, Flo	84 City s, the above-named couthorized by the corporida Statutes.	orporation submits this statement for the pure ration's board of directors. I hereby accept	rpose of changing it the appointment as	
agent. 1 a SIGNATURE	am familiar with, and accept the ob- Signature, typed or printed name of registered	agent and title if applicable (NOTE	s, the above-named couthorized by the corporida Statutes.	quired when reinstating)	rpose of changing it the appointment as	s registered
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agent. Le SIGNATURE 12, TITLE	am familiar with, and accept the ob  Signature, typed or printed name of registered  OFFICERS A  PT  CLARK, ANNE M	agent and title if applicable (NOTE AND DIRECTORS	84 City  s, the above-named couthorized by the corporida Statutes.  Registered Agent signature rec.  13.  1.1 TITLE  1.2 NAME	quired when reinstating)	pose of changing it the appointment as DATE	s registered registered
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do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 19.07(3)(I), Fidures statutes. From the land made under oath; that Information indicated on this annual property of the property of the cand accurate and that my signature shall have the same legal state as if made under oath; that I am an officer or director of the opposition or the receiver or trusted employered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 12 or Block 13 if chapted, or on an acchiment with an address.