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

Mailing Address

NAPLES FL 34104-7901

2127 RIVER REACH DRIVE STE 514

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:

NAPLES FL 34104

2127 RIVER REACH DRIVE STE 514



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 06 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000082798 (5)

SILL HYGIENE AND MANAGEMENT CONSULTANTS, INC.

|  |   |                 |        |  |         |                     |                  |                    |                 |   |                  | 3             | <ol> <li>Date Incorporated or Qualifie<br/>10/08/1996</li> </ol>                            | d <b>3a.</b>  | Date of      | Last Re          | eport    |            |  |
|--|---|-----------------|--------|--|---------|---------------------|------------------|--------------------|-----------------|---|------------------|---------------|---|---------------|--------------|------------------|----------|------------|--|
| 2. Principal Place of Business   |   |                 |        |  |         | 2a. Mailing Address |                  |                    |                 |   |                  |               | I. FEI Number   |               | т            | 16.5             | - (1 t F |            |  |
| $\overline{}$  | Timoparti                                 | idee of busin   | 16.55  |  | ·       |                     |                  |                    |                 |   |                  | "             | 59-34068  | 224           | <i>t</i> .   |                  | plied F  |            |  |
| 21   | Surte, Apt. #, etc                        |                 |        |  |         | Suite, Apt. #, etc. |                  |                    |                 |   |                  |               | J7- J7-060  | <u> </u>      |              |                  | t Appli  |            |  |
| <del></del>  |   |                 |        |  | -       | 27                  |                  |                    |                 |   |                  | 5             | 6. Certificate of Status Desired  |               |              | 1.75 A<br>Fee Re |          |            |  |
| City & State   |   |                 |        |  | 121     | City & State        |                  |                    |                 |   |                  | <del></del> - |   |               |              |                  |          |            |  |
| 23   |   |                 |        |  | -       | 28                  |                  |                    |                 |   |                  | 6             | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol>                 | r             |              | 5.00             |          |            |  |
| 23   | Ζip                                       | Country         |        |  |         | Zip Cou             |                  |                    |                 |   |                  | +_            |   |               |              | dded t           |          |            |  |
| 24   | 2.42                                      |                 | 25     | Country                                      | 20      | ղ ՝ ├ <del></del>   |                  |                    | unit y          |   |                  |               | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  No |               |              |                  |          |            |  |
| 25 25 9. Name and Address of Current   |   |                 |        |  |         |                     |                  |                    | 1               |   |                  |               | 10. Name and Address of New Registered Agent  |               |              |                  |          |            |  |
| SILL, DANA D   |   |                 |        |  |         |                     |                  |                    |                 |   | Vame             |               | , una una un  |               |              |                  |          |            |  |
|  | 2127 RIVER REACH DRIVE STE 514            |                 |        |  |         |                     |                  |                    |                 |   |                  |               |   |               |              |                  |          |            |  |
|  |   |                 |        |  |         |                     |                  |                    | 82              | 82 Street Address (P.O. Box Number is Not Acceptable) |                  |               |   |               |              |                  |          |            |  |
| NAPLES FL 34104  |   |                 |        |  |         |                     |                  |                    | 83              |   | <del></del>      |               | <u></u>   |               |              |                  |          |            |  |
|  |   |                 |        |  |         |                     |                  |                    | 84              | -   | Nite :           |               |   |               | 105          | 7                | \ndo     |            |  |
|  |   |                 |        |  |         |                     |                  |                    |                 |   | City             |               |   | F             |              | Zip (            | >ode     |            |  |
| 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. |   |                 |        |  |         |                     |                  |                    |                 |   |                  |               |   | tered<br>ered |              |                  |          |            |  |
| SK   | BNATURE.                                  | Signature types | or pri | nted hand of registered agen                 | l and l | itie il applicable. | (NOT             | E: Register        | ва Аде          | ni s  | signature requir | red whe       | en reinstating)   | DATE          |              |                  |          |            |  |
| 12   |   |                 |        | OFFICERS AND                                 | DIR     | ECTORS              |                  | 13.                | •               | _   |                  |               | ADDITIONS/CHANGES TO OF   | FICERS A      | ND DIRE      | CTOR             | S IN 1   | 2          |  |
| TILL   | .E  | D               |        | ***************************************      |         |                     | DELETE           | 1.11               | TITLE           |   |                  |               |   |               | C            | hange            | ∐ A      | ddition    |  |
| NAF  | OUT DAMA D                                |                 |        |  |         | 1.2 M               |                  |                    | NAME            |   |                  |               |   |               |              | -                |          |            |  |
| STREET ADDRESS 2127 RIVER REACH DRIVE STE  |   |                 |        | 514  | 1.4     |                     |                  |                    | STREET ADDRESS  |   |                  |               |   |               |              |                  |          |            |  |
|  | Y-S1-7(P                                  | NAPLES !        | FL 3   | 4104   |         | 1.00                |                  |                    | CITY-ST-ZIP     |   |                  |               |   |               |              |                  |          |            |  |
| <u></u><br>  |   | D               |        |  |         |                     | DELETE           |                    | TITLE           | 1-2   | "                |               |   |               | C            | hande            | T A      | ddition    |  |
| NAI  |   | OUT IEEEOEV E   |        |  |         |                     |                  |                    |                 | AME   |                  |               |   |               |              |                  |          |            |  |
|  | STREET ADDRESS 2127 RIVER REACH DRIVE STE |                 |        | 514  | tal     |                     |                  | 3 STREET ADDRESS   |                 |   |                  |               |   |               |              |                  |          |            |  |
|  | CHY: SI-ZP NAPLES FL 34104                |                 |        |  |         | 2.3                 |                  |                    | . 4 CITY-ST-ZIP |   |                  |               |   |               |              |                  |          |            |  |
| Titis  |   |                 |        |  |         | <u></u>             | DELETE           |                    | TITLE           | 31-2  | ZIP              |               |   |               | <b>-11</b> c | hange            | TTA      | ddition    |  |
| NAI  |   |                 |        |  |         | · ·                 | ,                |                    | NAME            |   |                  |               |   |               | ~            | - Ideal Bro      | ۰۰ لسبا  |            |  |
|  |   |                 |        |  |         |                     |                  | 3.3 STREET ADDRESS |                 |   |                  |               |   |               |              |                  |          |            |  |
| STREEL ADDRESS   |   |                 |        |  |         |                     | 3.4. CITY-ST-ZIP |                    |                 |   |                  |               |   |               |              |                  |          |            |  |
| TITI   | Y - ST - ZIP                              |                 |        |  |         |                     | DELETE           | _                  | CITY-S<br>TITLE | 51-2  | ZIP              |               |   | <del> </del>  | C            | hange            | 11.0     | ddition    |  |
|  |   |                 |        |  |         | _                   | JULLUL           |                    |                 |   |                  |               |   |               | L 1/1        | na i i y c       | L.J //   | uulliull   |  |
| NAM  |   |                 |        |  |         |                     |                  |                    | NAME            |   |                  |               |   |               |              |                  |          |            |  |
|  | EET ADDRESS                               |                 |        |  |         |                     |                  |                    | STREET          |   |                  |               |   |               |              |                  |          |            |  |
|  | Y-S1-ZIP                                  |                 |        |  |         |                     | DELETE           |                    | CITY-S          | T-Z   | IP               |               |   | <del></del>   |              |                  |          | al altaham |  |
| TITE   |   |                 |        |  |         | L                   | ] DELETE         |                    | TITLE           |   |                  |               |   |               |              | hange            | L.J A    | ddition    |  |
| NAM  | i   |                 |        |  |         |                     |                  |                    | NAME            |   |                  |               |   |               |              |                  |          |            |  |
| STREET ADDRESS   |   |                 |        |  |         |                     | 5.3 STREET ADDR  |                    |                 | DRESS   |                  |               |   |               |              |                  |          |            |  |
|  | Y-S1-7IF                                  |                 |        |  |         |                     | 1 as. s          |                    | CITY-S          | T - Z   | TIP              |               | ······································  |               |              |                  |          |            |  |
| Tifi   | .F  |                 |        |  |         | L.,                 | <b>J</b> DELETE  | 6.17               | TITLE           |   |                  |               |   |               | ЦC           | hange            | L A      | ddition    |  |
| NAM  | ΛE  |                 |        |  |         |                     |                  | 6.21               | NAME            |   |                  |               |   |               |              |                  |          |            |  |
| STR  | EET ADDRESS                               |                 |        |  |         |                     |                  | 6.3 9              | STREET          | ADO   | DRESS            |               |   |               |              |                  |          |            |  |
|  | Y - S1 - ZIP                              |                 |        |  |         | \=                  |                  |                    | CITY-5          |   |                  |               |   |               |              |                  |          |            |  |
| 14   | I do heret                                | by certify that | at the | information supplied                         | with    | this filing do      | es not quali     | ify for the        | 9X9 6           | mr.   | otion stated     | d in S        | ection 119.07(3)(i), Florida Stat<br>signature shall have the same le                       | utes. I furth | ner certif   | y that           | the      | h that     |  |
|  | I am an of                                | flicer or dire  | ctor-  | of the corporation or took 13 if changed, or | the r   | eceiver or tru      | stee empow       | vered to           | exec            | ute   | e this repor     | rtası         | required by Chapter 607, Florid   | a Statutes;   | and the      | at my n          | ame      | rı, ulcıl. |  |