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**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90077 050 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000101352

1. Corporation Name  
**ENVIRONMENTAL & SUSTAINABLE LIFESTYLES ADVISORS, INC.**

Principal Place of Business: 5408 17TH AVE S, GULFPORT FL 33707  
 Mailing Address: 1464 PORTOBELLO ROAD, WAVERLEY, NOVA SCOTIA.CANADA B0N -250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1998

4. FEI Number: 59-3489229

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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21

2a. Mailing Address: 28 CHARLES SCHAEFER, 1464 PORTOBELLO ROAD, WAVERLEY, NOVA SCOTIA, CANADA

22. Suite, Apt. #, etc. 27

23. City & State: 28 B0N 250 CANADA

24. Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DR. CHARLES SCHAEFER

82 Street Address (P.O. Box Number is Not Acceptable): 5408 17th AVE SOUTH

83 City: GULFPORT, FLORIDA

84 City: FL 85 Zip Code: 33707

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: *Charles Schaefer* CHARLES SCHAEFER, PRESIDENT DATE: March 17, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, CHARLES DR	1.2 NAME	
STREET ADDRESS	5408 17TH AVE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, DIANA	2.2 NAME	
STREET ADDRESS	5408 17TH AVE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULFPORT FL 33707	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Charles Schaefer* SIGNATURE REQUIRED: CHARLES SCHAEFER, PRESIDENT, MARCH 17, 1999 DATE: 902-861-3145 DAYTIME PHONE #

CR2E034 (1/198)