

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002709 (3)
 1. Corporation Name
ECOSCIENCE PRODUCE SYSTEMS CORP.



Principal Place of Business 4300 L.B. MCLEOD ROAD SUITE C ORLANDO FL 32811 US	Mailing Address P. O. BOX 3228 ORLANDO FL 32802-3228 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/24/1994	
4. FEI Number 62-1567091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STORY, DIRK D
4300-C L B MCLEOD ROAD
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, RICHARD A	
STREET ADDRESS	10 ALVIN COURT	
CITY-ST-ZIP	E BRUNSWICK NJ	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STORY, DIRK D.	
STREET ADDRESS	7168 SOMERSWORTH DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, DAVID	
STREET ADDRESS	10 ALVIN COURT	
CITY-ST-ZIP	E BRUNSWICK NJ	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DEGIGLIO, MICHAEL	
STREET ADDRESS	10 ALVIN COURT	
CITY-ST-ZIP	E BRUNSWICK NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOANNIDI, HAROLD A	
STREET ADDRESS	10 ALVIN COURT	
CITY-ST-ZIP	E BRUNSWICK NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **DIRK D STORY** 1/31/98 407-877-2224

CP2E034 (10/97)