

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90124 015 ***300.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000102826
 1. Corporation Name
ECOGROUP INTERNATIONAL CORPORATION

Principal Place of Business 13620 GOLF COURSE ROAD PARRISH FL 3429	Mailing Address POST OFFICE BOX 792 PARRISH FL 34219
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 12/23/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State
24. Zip	25. Country	29. Zip	30. Country
21. 13620 GOLF COURSE ROAD		26. POST OFFICE BOX 792	
22. PARRISH FL 3429		27. PARRISH FL 34219	
24. PARRISH FL 3429		30. PARRISH FL 34219	
4. FEI Number 65-0724088		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 the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALTERS, CLIFFORD L 802 11TH ST. WEST BRADENTON FL 34205		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDY, OTTO M	1.2 NAME	
STREET ADDRESS	4812 18TH AVE WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	1.4 CITY-ST-ZIP	
TITLE	EVD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDY, MICHAEL M	2.2 NAME	
STREET ADDRESS	5508 78TH AVE EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<i>Sn Vice Pres, Sec, Dir</i> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNDY, OTTO S	3.2 NAME	
STREET ADDRESS	1308 E. POINSETTIA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDY, PATRICIA A	4.2 NAME	
STREET ADDRESS	4812 18TH AVENUE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34205	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *[Signature]* MICHAEL M. BUNDY 4/23/99 941.776-0111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)