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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 575001

1. Corporation Name

ECOSHORES, INCORPORATED					
Principal Place of Business	Mailing Address				
3869 S NOVA ROAD #2	3869 S NOVA ROAD #2				

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90177 026 ***150.00



3869 S NOVA R PT ORANGE FL								
US		US			}	DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed 06/07/1978		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-18912 <u>42</u>		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional Required
City & State	е	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country 25	Zip	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.		
24	9. Name and Address of Current	_ 	<u>'' </u>			10. Name and Address of New Regi		
	9. Name and Address of Current	Registered Agent	81	Name		to. Name and yourses of the witteg.	otorou y igain	
	MAN, STEPHEN E		82	, , , , , ,		s (P.O. Box Number is Not Acceptable)	
3869 3212	S NOVA RD #2 7		83	<u> </u>			,	
Ų_ 12	-		"					
			84) .			FLii	ip Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	iorized by	the cor	d corpora poration	ation submits this statement for the pur s board of directors. I hereby accept th	pose of changing le appointment as	its registered registered
SIGNATURE						hen reinstating)	DATE	
	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signatur	a reduited w	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
12.		DELETE	1.1 TITLE		T	ADDITIONS/OFFANGES TO CITTO	☐ Chan	
TITLE NAME	VS BEEMAN, GRACYE R	MA DELETE	1.2 NAME					J
STREET ADORESS	3869 S NOVA RD, #2		1.3 STREE	T ADDRES	s			
CITY-ST-ZIP	PT ORANGE, FL 00000 32127		1.4 CITY-	ST-ZIP				
TITLE	PT	☐ DELETE	2.1 TITLE		\ V		☐ Chan	ge 🗌 Addition
NAME	BEEMAN, STEPHEN E		2.2 NAME					1
STREET ADDRESS	3869 S NOVA RD, #2		2.3 STREE	T ADDRES	s			į.
CITY-ST-ZIP	PT ORANGE, FL 00000 32127		2.4 CITY-	ST-ZIP				
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STREET ADDRESS			43 STREE	T ADDRES	\$ 386	ine Gruenich og S Nova Road		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	Por	at olenge, FL 32		
TITLE		☐ DELETE	5.1 TITLE			,	☐ Char	ige Addition
NAME			5.2 NAME					ļ
STREET ADDRESS			5.3 STREE	TADDRES	S			
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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 of suppliemental 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 indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changed, of the corporation of the corporation block 12 or Block 13 if changed, or block 12 or Block 13 if changed in the block 13 if changed in the block 13 if changed in the block 14 if changed in the block 14 if changed in the block 14 if changed in the block 15 or an attachment with arradoless, with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #