

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

FILED

Jul 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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
---	--

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

3. Date Incorporated or Qualified 05/24/1994	3a. Date of Last Report 03/05/1996
4. FEI Number 62-1567091	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDREWS, RICHARD A 4300 L.B. MCLEOD ROAD ORLANDO FL 32811	
--	--

10. Name and Address of New Registered Agent 81 Name STORY, DIRK D. 82 Street Address (P.O. Box Number is Not Acceptable) 4300-C L.B. MCLEOD ROAD 83 84 City ORLANDO 85 Zip Code 32811	
---	--


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	
TITLE	PD
NAME	ANDREWS, RICHARD A
STREET ADDRESS	5656 CRAINDALE AVENUE
CITY-ST-ZIP	ORLANDO FL
TITLE	ST
NAME	STORY, DIRK D.
STREET ADDRESS	7168 SOMERSWORTH DR
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	ANDREWS, RICHARD A.
1.3 STREET ADDRESS	10 ALVIN COURT
1.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
2.1 TITLE	D
2.2 NAME	RYAN, DAVID
2.3 STREET ADDRESS	10 ALVIN COURT
2.4 CITY-ST-ZIP	EAST BRUNSWICK, NJ 08816
3.1 TITLE	PD
3.2 NAME	DEGIGLIO, MICHAEL
3.3 STREET ADDRESS	10 ALVIN COURT
3.4 CITY-ST-ZIP	EAST BRUNSWICK NJ 08816
4.1 TITLE	V
4.2 NAME	JOANNIDI, HAROLD A.
4.3 STREET ADDRESS	10 ALVIN COURT
4.4 CITY-ST-ZIP	EAST BRUNSWICK NJ 08816
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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  6/1/97 402/822-7224

CR2E034 (9/96)