

04-30-96 10:39AM

TO 615162394722

P002

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY -1 AM 7:11

DOCUMENT # F95000002877
1. Corporation Name
ECOTIRE TECHNOLOGIES INC.

Principal Place of Business Mailing Address
**895 WAVERLY AVENUE
HOLTSVILLE, NY 11742**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
06-14-95 N/A
4. FEI Number **11-3234026**
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 has liability for intangibles tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
c/o CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

Signature of Current Registered Agent and Acceptance

Signature of New Registered Agent (if different)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS
1. TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **VITO F. ALONGI**
CITY, ST, ZIP **224 RUSTIC ROAD**
LAKE RONKONKOMA, NY 11779
2. TITLE ☐ DELETE
NAME **VICE PRESIDENT**
STREET ADDRESS **ROBERT E. MUNYER**
CITY, ST, ZIP **61-13TH AVENUE**
RONKONKOMA, NY 11779
3. TITLE ☐ DELETE
NAME **VICE PRESIDENT**
STREET ADDRESS **JOHN W. KING**
CITY, ST, ZIP **SHADY PATH, CRYSTAL BROOK PARK**
MOUNT SINAI, NY 11766
4. TITLE ☐ DELETE
NAME **VICE PRESIDENT**
STREET ADDRESS **PATRICK TRACEY**
CITY, ST, ZIP **#107 150 TURTLE LAKE COURT**
NAPLES, FL 33942
5. TITLE ☐ DELETE
NAME **DIRECTOR**
STREET ADDRESS **THERESA MARI, ESQ.**
CITY, ST, ZIP **37 HAWES STREET**
PORT JEFFERSON, NY 11776
6. TITLE ☐ DELETE
NAME **CHAIRMAN OF THE BOARD**
STREET ADDRESS **MAXWELL PARSONS**
CITY, ST, ZIP **3714 WOOD LAKE DRIVE**
BONITA SPRINGS, FL 33932

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE:

Vito F. Alongi
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR

04-30-96 (516) 289-4545