

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

APPROVED
AND
FILED

1997 MAY -1 PM 4: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000828 (1)

1. Corporation Name

ECO-ADS ENTERPRISES INC

Principal Place of Business

1730 ARMISTEAD PLACE
TALLAHASSEE FL 32312

Mailing Address

1730 ARMISTEAD PLACE
TALLAHASSEE FL 32312-3458

3. Date Incorporated or Qualified

02/19/1996

3a. Date of Last Report

n/a

2. Principal Place of Business

21 1155 Rene Levesque Blvd.W.

2a. Mailing Address

26 1155 Rene Levesque Blvd.W.

22 Suite 2650

27 Suite 2650

23 City & State
Montreal Quebec

28 City & State
Montreal Quebec

24 Zip
H3B 4S5

Country
Canada

29 Zip
H3B 4S5

Country
Canada

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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 intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MEFFERT, CHRISTIAN
1730 ARMISTEAD PLACE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
J. CHRISTIAN MEFFERT

82 Street Address (P.O. Box Number is Not Acceptable)
24795 N.E. 147 Place

83

84 City
Salt Springs

FL

85 Zip Code
32134

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 typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME ST-CLAIR, EDWARD
STREET ADDRESS 1155 RENE LEVESQUE BLVD., W. #2650
CITY-ST-ZIP MONTREAL QUEBEC CANADA H3B 4S5

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

000002164550-6
-05/02/97-01132-012
****165.00 ****165.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Signature and typed or printed name of signing officer or director

Edward St. Clair

4/30/97 (514-875-4988)

Date

Daytime Phone

0048840

CR2E034 (9/96)