

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

**FILED**

**Mar 03 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 # H01607 (1)**  
**1. Corporation Name**  
**ENVIRONMENTAL CONTROL TECHNOLOGY INCORPORATED**



**Principal Place of Business**  
**3397 SW 42ND AVE.**  
**PALM CITY FL 34997-5554**

**Mailing Address**  
**3397 SW 42ND AVE.**  
**PALM CITY FL 34990-5554**

**3. Date Incorporated or Qualified**  
**04/30/1984**

**3a. Date of Last Report**  
**03/12/1996**

**2. Principal Place of Business**  
**21 3397 SW 42nd Ave.**

**2a. Mailing Address**  
**26 3397 SW 42nd Ave.**

**4. FEI Number**  
**59-2413325**

**Applied For**  
☐ Not Applicable

**22 Suite, Apt. #, etc.**

**27 Suite, Apt. #, etc.**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fees Required**

**23 City & State**  
**Palm City, Fl.**

**28 City & State**  
**Palm City, Fl.**

**6. Election Campaign Financing**  
**Trust Fund Contribution** ☐ **\$5.00 May Be Added to Fees**

**24 Zip**  
**34997-5554**

**25 Country**  
**Martin**

**29 Zip**  
**34997-5554**

**30 Country**  
**Martin**

**8. This corporation has liability for intangible 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**

**MAZZILLI, MARK**  
**3397 S.W. 42ND AVENUE**  
**PALM CITY FL 34990-2554**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City** **FL** **85 Zip Code**

**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** **Mark Mazzilli**

*Mark Mazzilli*

**2-25-97**

Signature typed or printed for use of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

**12. OFFICERS AND DIRECTORS** ☐ DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12** ☐ Change ☐ Addition

**TITLE** **ST** ☐ DELETE

**NAME** **MAZZILLI, MICHAEL**

**STREET ADDRESS** **2440 SE 15TH TERR**

**CITY-ST-ZIP** **PALM CITY FL**

**1.1 TITLE** ☐ Change ☐ Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**TITLE** **PV** ☐ DELETE

**NAME** **MAZZILLI, MARK**

**STREET ADDRESS** **2445 SW CONCH COVE LANE**

**CITY-ST-ZIP** **PALM CITY FL**

**2.1 TITLE** ☐ Change ☐ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**5.1 TITLE** ☐ Change ☐ Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**TITLE** ☐ DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ Addition

**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:** *Mark Mazzilli* **Mark Mazzilli**

**2-25-97**

**561) 283-6746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)