

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H01607** (1)  
1. Corporation Name  
**ENVIRONMENTAL CONTROL TECHNOLOGY INCORPORATED**



Principal Place of Business <b>3397 SW 42ND AVE. PALM CITY FL 34997-5554</b>	Mailing Address <b>3397 SW 42ND AVE. PALM CITY FL 34997-5554</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3397 SW 42nd Ave.</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 3397 SE 42nd Ave.</b> Suite, Apt. #, etc.		3. Date incorporated or Qualified <b>04/30/1984</b>	
22 City & State <b>23 Palm City, Fl.</b>		27 City & State <b>28 Palm City, FL.</b>		4. FEI Number <b>59-2413325</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip <b>34997-5554</b>		25 Country <b>Martin</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
26 Zip <b>34997-5554</b>		27 Country <b>Martin</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MAZZILLI, MARK 3397 S.W. 42ND AVENUE PALM CITY FL 34990-2554</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				<b>FL</b>	

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* **1-14-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	MAZZILLI, MICHAEL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				1.2 NAME			
STREET ADDRESS	2440 SE 15TH TERR			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL			1.4 CITY-ST-ZIP			
TITLE	PV	MAZZILLI, MARK	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS	2445 SW CONCH COVE LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL			2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

4. 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 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** **1-14-98** **561) 283-6746**  
Signature, typed or printed name of officer or director, receiver or trustee, or agent for service of process (NOTE: Signature required for officers, directors, and agents for service of process)

CR2E034 (10/97)