

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M90058** (2)

1. Corporation Name
ECOSTRUCTION, INC.



Principal Place of Business

601 BAYSHORE BLVD
S960
TAMPA FL 33606
US

Mailing Address

601 BAYSHORE BLVD
S960
TAMPA FL 33606
US

2. Principal Place of Business

2a. Mailing Address

21 _____
Suite, Apt #, etc.
22 _____
City & State
23 _____
Zip _____ Country _____
24 _____ 25 _____

26 _____
Suite, Apt #, etc.
27 _____
City & State
28 _____
Zip _____ Country _____
29 _____ 30 _____

9. Name and Address of Current Registered Agent

OELSCHLAEGER, EDWARD R.
601 BAYSHORE BLVD
S960
TAMPA FL 33606

3. Date Incorporated or Qualified **07/18/1988** 3a. Date of Last Report **03/21/1995**
4. FCI Number **59-2901118** Approved 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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE _____

Signature of Registered Agent or New Registered Agent (Print Name) _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OELSCHLAEGER, EDWARD R.	
STREET ADDRESS	601 BAYSHORE BLVD S960	
CITY-STATE-ZIP	TAMPA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SEAL, JACK R.	
STREET ADDRESS	601 BAYSHORE BLVD S960	
CITY-STATE-ZIP	TAMPA FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	KIRKBRIDE, BONNIE K.	
STREET ADDRESS	601 BAYSHORE BLVD S960	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FILE

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied to the filing authority, by which I am known, 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 this corporation, and that the results of the filing procedure are correct. I have read this report and agree to file Chapter 607, Florida Statutes, and that my name appears in Book 12 of Book 12 of the filing authority's records.

SIGNATURE: *Edward R. Oelschlaeger* **Edward R. Oelschlaeger** 1/25/96 917-251-4968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)