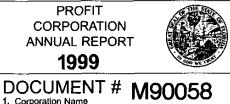
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State Katherine Harris 05-10-1999 90048 042 ***150.00

| ECOSTR | UCTION, INC. | | | | | | | |
|--|--|-----------------------------------|--------------|----------------------------------|------------------------------------|--|--|----------------------|
| Principal Place | of Rusiness | Mailing Address | | | | - 4 10010001 UPO 1010 | AN 1011 BIOIL BIOIL OISIL OL | DEN UNDER BINKE ERDA |
| • | | 601 BAYSHORE BLVD | | | | | | |
| 601 BAYSHORE S960 | BLVD | S960 | | | | | | |
| TAMPA FL 33606 TAMPA FL 33606 | | | | | | DO NOT WRIT | TE IN THIS SPACE | |
| US | | US | | 3. Date Incorporated or Qualifed | | | | |
| | | | | | | 07/18/1988 | | |
| 2. Principal P | lace of Business | 2a. Maifing Address | | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | | 59-2901118 | | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired | 11 ' | 5 Additional |
| 22 | _ , | 27 | | | | Fee | Required | |
| City & State | 0 | City & State | | | 6. Election Campaign Financing | | 00 May Be | |
| 23 | | 28 | | | Trust Fund Contribution | Add | d to Fees | |
| Žìp | Country | Zip Country | | | 8. This corporation owes the curre | | | |
| 24 | 25 | | 30 | | | Personal Property Tax. | V Yes | No |
| | 9. Name and Address of Current | t Registered Agent | | <u> </u> | | 10. Name and Address of New R | egistered Agent | |
| OFI | DOLUMENTO EDWARD D | | 5 | 1 Nam | ie | | | |
| OELSCHLAEGER, EDWARD R. 601 BAYSHORE BLVD S960 | | | ε | 82 Street Ad | | ess (P.O. Box Number is Not Accepta | ble) | |
| | | | L | | | | | |
| | | | 8 | 3 | | | | İ |
| IAM | PA FL 33606 | | 8 | 4 City | | | 85 2 | ip Code |
| | | | |) ' | | | FL | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was au | ithorized t | y the co | ed corpo rporation | oration submits this statement for the n's board of directors. I hereby accep | purpose of changing It the appointment as | registered |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable. (NOTE: | Registered A | ent signatu | re required | when reinstating) | DATE | i |
| 12, | OFFICERS ANI | | 13. | | <u>:</u> | ADDITIONS/CHANGES TO OFF | ICERS AND DIREC | TORS IN 12 |
| TITLE , | P DELETE 1.1 | | 1.1 TITLE | | T | | Chan | ge Addition |
| NAME | OELSCHLAEGER, EDWARD R. | 12 N | | Ē | | | | ŀ |
| STREET ADDRESS | 601 BAYSHORE BLVD S960 | | 1.3 STRE | ET ADDRES | SS | | | i |
| CITY-ST-ZIP | TAMPA FL | | | -ST-2IP | | | | |
| TITLE | DST | ☐ DELETE | 2.1 TITLE | | | | Chan | ge Addition |
| NAME | KIRKBRIDE, BONNIE K. | | 2.2 NAM | E | | | | |
| STREET ADDRESS | 601 BAYSHORE BLVD S960 | | | ET ADDRES | ss | | | 1 |
| CITY-ST-ZIP | | | 2. 4 CITY | | | | | i |
| TITLE | | | 3.1 TITLE | | | | Chan | ge 🔲 Addition |
| NAME | | 3.21 | | | 1 | | | Ì |
| STREET ADDRESS | | | | ET ADDRES | 22 | | | |
| CITY-ST-ZIP | | | 3.4. CITY | | | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | □ Chan | ge Addition |
| NAME | | _ | 4, 2 NAM | | | | | |
| STREET ADDRESS | | | | ET ADDRES | 88 | | | |
| | | | 4.4 CITY | | ~ | | | İ |
| CITY-ST-ZIP TITLE | <u> </u> | ☐ DELETE | 5.1 TITU | | + | | ☐ Chan | ge |
| NAME | | | 52 NAM | | | | | i |
| STREET ADDRESS | | | | ET ADDRES | ss | | | |
| | | | 5.4 CITY | | | | | ł |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITL | | +- | | Chan | ge Addition |
| | | | 6.2 NAM | E | | | _ | - |
| NAME STREET ADDRESS | | | | - ET ADDRES | ss | | | |
| STREET ADDRESS | | | 6.4 CITY | | | | | į |
| CITY-ST-78P | | | V.T (1) 1 | II | | | | 1 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sc. dior indicated on this annual report or supplemental annual report is true and accurate and that my signature shall officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or an articular of with an address, with all other like empowered.

7(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an er 607, Florida Statutes; and that my name appears in

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Daytime Phone #