


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000006369 (0)
1. Corporation Name
CONCORDIA ECO CORPORATION



| | |
|--|---|
| Principal Place of Business 440 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480 | Mailing Address 440 ROYAL PALM WAY SUITE 200 PALM BEACH FL 33480-4179 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/13/1996 | 3a. Date of Last Report |
| 4. FEI Number 65-0713856 | Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent
**CHOPIN, L F
440 ROYAL PALM WAY
SUITE 200
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

| |
|---|
| B1 Name |
| B2 Street Address (P.O. Box Number is Not Acceptable) |
| B3 |
| B4 City |
| FL B5 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P/T/S/D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Chopin, L. Frank | 1.2 NAME | |
| STREET ADDRESS | 440 Royal Palm Way, Suite 200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | Palm Beach, FL 33480 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Yudenfreund, Joel | 2.2 NAME | |
| STREET ADDRESS | 440 Royal Palm Way, Suite 200 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | Palm Beach, FL 33480 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Speer, W. Morgan | 3.2 NAME | |
| STREET ADDRESS | 440 Royal Palm Way, Suite 200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | Palm Beach, FL 33480 | 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 | |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

CR2E037 (9/96)