


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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P30371 (9) 1. Corporation Name ECOGARD, INC.		



Principal Place of Business 3499 DABNEY DR P.O. BOX 14000 LEXINGTON FL 40512	Mailing Address 3499 DABNEY DR P.O. BOX 14000 LEXINGTON FL 40512
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 3499 Blazer Parkway 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/31/1990	
		4. FEI Number 61-1179404		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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	

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

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BIEHL, JOHN C.			1.2 NAME			
STREET ADDRESS	3499 DABNEY DRIVE			1.3 STREET ADDRESS	3499 Blazer Parkway		
CITY-ST-ZIP	LEXINGTON KY			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUSTON, JAMES M.			2.2 NAME			
STREET ADDRESS	2029 IMPALA LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LEXINGTON KY			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEATON, MICHAEL F.			3.2 NAME			
STREET ADDRESS	3499 DABNEY DRIVE			3.3 STREET ADDRESS	3499 Blazer Parkway		
CITY-ST-ZIP	LEXINGTON KY 40509			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFFMAN, DANIEL B			4.2 NAME			
STREET ADDRESS	1000 ASHLAND DR			4.3 STREET ADDRESS	Russell, KY		
CITY-ST-ZIP	RUSSELL NY			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROCCO, JAMES V.			5.2 NAME			
STREET ADDRESS	3499 DABNEY DR			5.3 STREET ADDRESS	3499 Blazer Parkway		
CITY-ST-ZIP	LEXINGTON KY			5.4 CITY-ST-ZIP			
TITLE	AST	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLIS, CHARLES D			6.2 NAME			
STREET ADDRESS	1201 MEDELLIN COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	LEXINGTON KY			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]*

2-6-98

606/357-7681

CR2E034 (10/97)