

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

Jan 31 1996 8:00 am

Secretary of State

DOCUMENT # P40510 (0)

1. Corporation Name

ECO2 OF DELAWARE, INC.



Principal Place of Business

20005 S.E. HAWTHORNE ROAD
HAWTHORNE FL 32640

Mailing Address

~~20005 S.E. HAWTHORNE ROAD
HAWTHORNE FL 32640~~

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 P.O. BOX 1120

27 Suite, Apt. #, etc.

28 City & State
HAWTHORNE, FLORIDA

29 Zip Country

3. Date Incorporated or Qualified

09/16/1992

3a. Date of Last Report

01/25/1995

4. FEI Number

11-3087145

Applied 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

g. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

TITLE P ☐ DELETE
NAME LEDFORD, CHARLES D.
STREET ADDRESS 20005 SE HAWTHORNE ROAD
CITY-ST-ZIP HAWTHORNE FL

TITLE D ☒ DELETE
NAME MUSTAFOGLU, MIKE M.
STREET ADDRESS 102 QUAYSIDE DRIVE
CITY-ST-ZIP JUPITER FL

TITLE ST ☐ DELETE
NAME LEDFORD, VIVIAN
STREET ADDRESS 20005 SE HAWTHORNE ROAD
CITY-ST-ZIP HAWTHORNE FL

TITLE D ☒ DELETE
NAME O'BRIEN, JOHN
STREET ADDRESS 14900 LANDMARK BLVD., STE 510
CITY-ST-ZIP DALLAS TX

TITLE D ☒ DELETE
NAME ROSS, ALEV
STREET ADDRESS 6320 CONGA AVE
CITY-ST-ZIP WOODLAND HILLS CA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D LAMPIASI, DENIS A.
2.3 STREET ADDRESS 109 CHAD LANE
2.4 CITY-ST-ZIP MADISON, AL 35758

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles Ledford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18 1996

Date

(352) 481-0187
Daytime Phone #

CR2E034 (12/95)