

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90075 023 ***158.75

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1. Corporation Name

ENVIRONMENTAL EDUCATION CORPORATION

Principal Place of Business

35246 US 19N
SUITE 139
PALM HARBOR FL 34684
US

Mailing Address

P.O. BOX 5195
PALM HARBOR FL 34684
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

4. FEI Number

59-3199165

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ACQUAVIVA, LUCY
2101 SUNSET POINT RD #101
CLEARWATER FL 34625

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 PD ☒ DELETE
NAME JANE M. OUSLEY
STREET ADDRESS 175 FIFTH AVE., SUITE 2330
CITY-ST-ZIP NEW YORK NY

TITLE VPD ☐ DELETE
NAME ANTHONY LAPORTE
STREET ADDRESS 35246 US 19N, SUITE 139
CITY-ST-ZIP PALM HARBOR FL

TITLE STD ☒ DELETE
NAME AQUAVIVA, MARIANNE A
STREET ADDRESS 35246 US 19N, SUITE 139
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☒ Addition
1.2 NAME MARIANNE AQUAVIVA
1.3 STREET ADDRESS 35246 US 19N, Ste. 139
1.4 CITY-ST-ZIP Palm Harbor FL 34684

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME Anthony Laporte
2.3 STREET ADDRESS 35246 US 19N, Ste 139
2.4 CITY-ST-ZIP Palm Harbor FL 34684

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME JANE M. OUSLEY
3.3 STREET ADDRESS 35246 US 19N, Ste 139
3.4 CITY-ST-ZIP Palm Harbor FL 34684

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0497204