

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **P93000054267 (8)**

1. Corporation Name

ENVIRONMENTAL CONSTRUCTION, INC.

95 MAR 16 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1490 NORTH WEST 65TH AVE. 1490 NORTH WEST 65TH AVE.
PLANTATION FL 33313 PLANTATION FL 33313

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/30/1993 **01/25/1994**

4. FEI Number Applied For
65-0428697 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

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH 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 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 re-registering) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------------|
| TITLE | D |
| NAME | BLAKE, STEVEN B |
| STREET ADDRESS | 1099 18TH ROAD, SUITE 2100 |
| CITY-ST-ZIP | DENVER CO 80202 |
| TITLE | D |
| NAME | HAUBER, EARL L |
| STREET ADDRESS | 1490 N.W. 65TH AVENUE |
| CITY-ST-ZIP | PLANTATION FL 33313 |
| TITLE | D |
| NAME | ROTHSCHILD, EDWARD R |
| STREET ADDRESS | 1099 18TH ROAD, 2100 |
| CITY-ST-ZIP | DENVER CO 80202 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 1099 18th St., Suite 2100 |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | D/VIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | 1099 18th St., Suite 2100 |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | John M. Fruits |
| 4.3 STREET ADDRESS | 1490 N.W. 65th Ave. |
| 4.4 CITY-ST-ZIP | Plantation, FL 33313 |
| 5.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | John J. Chouinard |
| 5.3 STREET ADDRESS | 1099 18th St., Suite 2100 |
| 5.4 CITY-ST-ZIP | Denver, CO 80202 |
| 6.1 TITLE | |
| 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Earl L. Hauber 2-10-95 (800) 881-2623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER
Earl L. Hauber, President