PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000054267 (8)

DOCUMENT #	P93000054267								
ENVIRONMENTAL CONSTRUCTION, INC.									

									(8 BIIII 1821 1841	
Principal Place of Business Mailing Address						T HOUSENER HAD NOTED HILL DANIE BETHE BORNER BETHE BUILD BLAND HERED DINN 1801 1801				
1490 NORTH PLANTATION	I WEST 65TH AVE. I FL 33313	1490 NORTH WEST 65TH AVE. PLANTATION FL 33313								
					3	Date Incorporated or Qualified 07/30/1993	3a. Date 03	of Last F /16/19		
· · · · ·	lace of Business	2a. Mailing Address			4	FEI Number			Applied For	
21		26				65-0428697			Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.			5	. Certificate of Status Desired			5 Additional Required	
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 Ma					
23 Zin	T Counts	28	T 0			Trust Fund Contribution			ed to Fees	
Zip Country		21P 29	Zip Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☑ No				
24	25 9. Name and Address of Curre		30		<u></u>). Name and Address of New R		Agent		
	<u> </u>	The tropic control of	81	Nai		, traine and Address of New I	egistered i	- Aguir		
CT COE	RPORATION SYSTEM									
	OUTH PINE ISLAND ROAD		82	Stre	eet Address (F	P.O. Box Number is Not Acceptab	ile)			
	TION FL 33324		83	ļ			····			
FUNITA	1110H FL 33324									
·····			84	,			FL		rip Code	
or registe	to the provisions of Sections 607.050 red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the com	name	d corporation in's board of o	submits this statement for the pur directors. I hereby accept the app	pose of cha pintment as	nging its registere	registered office d agent, f am	
SIGNATURE										
12.	Signature, typed or printed name of registered ager OFFICERS AN	NO DIRECTORS	TE Registered Age	nt signal	ure required when		DATE	DIDECT	ODC IN 10	
TITLE	D	DELETE	1, 1 TITLE	13.		ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	Change	··-·	
NAME	BLAKE, STEVEN B	L	1.2 NAME				1 2	, only	Picaliton	
STREET ADDRESS	1099 18TH ROAD, SUITE 21	00	1.3 STREE	*DDDE	00 1000	18th st, Su	14000	80		
CITY-ST-ZIP	DENVER CO 80202	••			.55	/ / C/ Sading) S A	<i>/ / C</i>			
TITLE	D	☐ DELETE	2 1 TITLE	1.4 CITY - ST - ZIP		ø	г	Change	Addition	
NAME	HAUBER, EARL L		2 2 NAME		",				21	
STREET ADDRESS	1490 N.W. 65TH AVENUE		2.3 STREE	_ ∆ DDRF	22					
CITY-ST-ZIP	PLANTATION FL 33313		2.4 CITY-1							
TITLE	D	· DELETE	3 1 TiTLE	11-21	02	V/C		Change	Addition	
NAME	ROTHSCHILD, EDWARD R		3.2 NAME			., _	_	3 4-		
STREET ADDRESS	1099 18TH ROAD, 2100		3.3. STREE	FOOA 1	ESS					
CITY-ST-ZIP	DENVER CO 80202		3.4 CITY-							
TITLE		☐ DELETE	4. 1 TITLE		V			Change	Addition	
NAME			4.2 NAME		Joh.	n M. Fruite			.—	
STREET ADDRESS			4 3 STREE	ADDRE	SS 1490	nM. Fruits NW 65+hA	re.			
CITY-ST-ZIP			4.4 CITY-		Plan	ntation, FL 33	3/2			
TITLE		DELETE	5 1 THILE		7		~/ ->	Change	► Addition	
NAME			5.2 NAME		Joh.	n J. Choulnord				
STREET ADDRESS			53 STREE		SS 109	n J. Choulnard 9 14th St, Suit	e 210c	9		
CITY-ST-ZIP					Don	ver (0 8010	7_			
TITLE		☐ DELETE	6 1 THILE		V "	ver, co 8020 hard J. Bergen 5 Air motive N] Change	Addition	
NAME			6.2 NAME		Rich	hard J. Berson				
STREET ADDRESS			63 STREE	ADDRE	ss /33	5 Airmotive H	104. Su	1,4e2	\ > #	
PITY PT 710					Rung	1445 1	/) ~		/	

CITY-ST-ZIP

64 CITY-ST-ZIP

Reno NV \$ 950

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR

Date

Bayting Phone P.