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**

DOCUMENT # P9400006794

1. Corporation Name

ECOLOGEL U.S.A., INC.

Principal Place	e of Business	Mailir	ng Address				- 	01911 08111 0A111 0E111 63			Afil Bidi 1881
412 NE 16 AVE		412 N	E 16 AVE								
GAINESVILLE FL 32601		GAINE	GAINESVILLE FL 32601				DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated o	4.74			
•							01/19/1994				
2. Principal Pl	ace of Business	2a. M	lailing Address			· ·	4. FEI Number	**		App	olied For
21		26					59-3268578			Not	Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.				5. Certifcate of Status	Desired			dditional
22		27	<u>عدر ما الله المنظمة ا</u>	ساجر		- 5				ee Re	
City & State	9	C	city & State				6. Election Campaign I	- 11			May Be
23		28	-	Cou	oto:		Trust Fund Contribu				Fees
Zip	Country	Z	ıp		iiuy		8. This corporation ow Personal Property T		Intangibii Y€		□No
24	9. Name and Address of Cu	29 29	red Agent	30			10. Name and Address				
	3. Name and Address of Co	Trent Register	rea Agent		81	Name					
GAR'	vin, H. Edward					01	(D.O. Day Number in N	Int Assessable)			
	NE 16 AVE				82	Street Addre	ess (P.O. Box Number is N	iot Acceptable)			
GAIN	iesville fl 32601				83				•		
	• •								105	Zin C	`adar
	i				84	City		F	L 85	Zip C	ode:
office or nagent. I a	to the provisions of Sections 607 egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered	tate of Florida. Higations of, S	Such change was a ection 607.0505, Flo	authorized orida Stati	utes.	the corporation	n's board or directors, I ne	preby accept the ap	pointmen	as reg	istered
12.		AND DIRECT		13.			ADDITIONS/CHANG	ES TO OFFICERS	AND DIF	ECTO	RS IN 12
TITLE	D		☐ DELETE	1.1 TT	TLE				C	ange	Addition
NAME	IRWIN, RICHARD K										
STREET ADDRESS	2700 SE 35 ST			1.2 N	AME	1					
CITY-ST-ZIP	OCALA FL 34471					ADORESS					
TITLE				1.3 \$1							
NAME			☐ DELETE	1.3 \$1	TREET.				c	nange	☐ Addition
STREET ADDRESS			☐ DELETE	1.3 ST 1.4 CI	TREET. TY-ST TLE				c	nange	☐ Addition
			☐ DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 N/	TY-ST TLE AME				c	nange	Addition
Crry-ST-ZIP	's		: -	1.3 ST 1.4 Cl 2.1 Tl 2.2 N/ 2.3 ST 2.4 C	TY-ST- TLE AME TREET	-ZIP ADDRESS					
_		·	DELETE	1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI	TREET. TLE AME TREET TLE TREET	-ZIP ADDRESS				nange	☐ Addition
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14. Hereby certify that the information supplied with this filing does not qualify for the exemption states (Section 119.07(2)). 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:

STREET ADDRESS CITY-ST-ZIP

352-620-2020

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90063 002 ***150.00