

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000031865 (6)

1. Corporation Name

EKO MANAGEMENT INC.



Principal Place of Business:

Mailing Address:

26292 CAPE VERDE LN
BONITA SPRINGS FL 33923
US

26292 CAPE VERDE LN
BONITA SPRINGS FL 33923
US

2. Principal Place of Business

2a. Mailing Address

21 3079 POINCIANA DR

26 3079 POINCIANA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAPLES FL

28 NAPLES FL

24 Zip

Country US

29 Zip

Country US

25 34105

26 34105

27 34105

28 34105

9. Name and Address of Current Registered Agent

KRISTEN, OTTO
4760 TAMAMI TRL N 1
NAPLES FL 33940

3. Date Incorporated or Qualified

04/25/1994

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0492185

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

10. Name and Address of New Registered Agent

81 Name KRISTEN OTTO

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

3079 POINCIANA DR

83

84 City NAPLES

FL

85 Zip Code

34105

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

Kristen Otto

(If Officer or Director, Sign Here)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

12. OFFICERS AND DIRECTORS

TITLE D
NAME KRISTEN, OTTO
STREET ADDRESS 26292 CAPE VERDE LN
CITY - ST - ZIP BONITA SPRINGS FL

DELETE

TITLE D
NAME ELSA, KRISTEN

DELETE

13.

11 TITLE D
12 NAME KRISTEN OTTO
13 STREET ADDRESS 3079 POINCIANA DR
14 CITY - ST - ZIP NAPLES FL 34105

Change Addition

21 TITLE D
22 NAME KRISTEN ELSA
3079 POINCIANA DR
NAPLES FL 34105

Change Addition

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0112349 CP

0112349 CP

CR2E034 (3/96)