

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA B. WATKINS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000043618 (5)

ECOLOGICAL BUILDING CORP.

Principal Place of Business
**2085-W NORTH POWERLINE RD.
POMPANO BEACH FL 33069**

Mailing Address
**2085-W NORTH POWERLINE RD.
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1994

3a. Date of Last Report

4. FET Number
65-0501234

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 damages for under § 139.022, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. State Apt. # etc.

26. State Apt. # etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**WILLIG, DAVID A
7850 N.W. 146TH ST.
SUITE 503
MIAMI LAKES FL 33016**

81. Name

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

83. City

84. City

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0501 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 607.0501, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Now Registered Agent or Registered Agent in Charge)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101. NAME
PD QUARTARARO, PETER
STREET ADDRESS
2085-W NORTH POWERLINE RD.
CITY, ST. ZIP
POMPANO BEACH FL 33069

102. NAME
STREET ADDRESS
CITY, ST. ZIP

103. NAME
STREET ADDRESS
CITY, ST. ZIP

104. NAME
STREET ADDRESS
CITY, ST. ZIP

105. NAME
STREET ADDRESS
CITY, ST. ZIP

106. NAME
STREET ADDRESS
CITY, ST. ZIP

107. NAME
STREET ADDRESS
CITY, ST. ZIP

108. NAME
STREET ADDRESS
CITY, ST. ZIP

11. NAME
☐ Change ☐ Addition

12. NAME
STREET ADDRESS
CITY, ST. ZIP
☐ Change ☐ Addition

13. NAME
STREET ADDRESS
CITY, ST. ZIP
☐ Change ☐ Addition

14. NAME
STREET ADDRESS
CITY, ST. ZIP
☐ Change ☐ Addition

15. NAME
STREET ADDRESS
CITY, ST. ZIP
☐ Change ☐ Addition

16. NAME
STREET ADDRESS
CITY, ST. ZIP
☐ Change ☐ Addition

17. NAME
STREET ADDRESS
CITY, ST. ZIP
☐ Change ☐ Addition

18. NAME
STREET ADDRESS
CITY, ST. ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in subsection 1.11(3)(f)(g) Florida Statutes. I further certify that the information included 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1.01 changed, or on an attachment with proof.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

305 960-1417