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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400071918 (4)**

ECOLOGICAL SNOW CONTROL, INC.

Principal Place of Business Mailing Address 3500 GATEWAY DRIVE, SUITE 201 3500 GATEWAY DRIVE, SUITE 201 POMPANO BEACH FL 33069-4870 POMPANO BEACH FL 33069 3a. Date of Last Report 3. Date Incorporated or Qualified 09/27/1994 06/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0535475 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, No. Florida Statutes Yes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FINEBERG, LIBO B 3500 GATEWAY DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 201 83 POMPANO BEACH FL 33069 R4 City Zip Code 11. Pursuant to the previsions 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 land accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE Signature, typica or protect mass, of registerest agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition TITLE 1.1 TITLE JANKE, GEORGE 1.2 NAME MAME 5600 N DIXIE #1507 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 1.4 CITY-ST-ZIP C-11 - ST - 71P DELETE Change ☐ Addition **VPTS** 2.1 TITLE TITLE JOHNSON, WARREN 2.2 NAME NAME 511 SW BAY POINTE CIRCLE STREET ADDRESS 2.3 STREET ADDRESS PALM CITY FL CHY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition THEF 3.1 TITLE NAME 3.2 NAME ; : 3 3 STREET ADDRESS STREET ADDRESS CITY ST-ZP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 DITY-ST-ZIP C/1Y - S1 - 201 DELETE Change Addition DUE 5.1 TITLE NAME 5.2 NAME STRUCT ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CIT+S1-76 DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

Citty - S1 - ZIF

SIGNATURE: GEORGE JANKE, President <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/97

FILED

Feb 27 1997 8:00am

Secretary of State