

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **995000017964**
1. Corporation Name **ECOLOGICAL TECHNOLOGIES INC.**

Principal Place of Business Mailing Address
**4010 BLUE SAGE PATH
BOYNTON BCH, FL 33436**

3. Date Incorporated or Qualified **MARCH 6, 1995** 3a. Date of Last Report **MARCH 6, 1995**

2. Principal Place of Business 2a. Mailing Address
21 **4010 BLUE SAGE PATH** 26 **P.O. BOX 4733**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 **BOYNTON BEACH, FL** 28 **BOYNTON BEACH, FL**
24 **33436** 25 **USA** 29 **33424** 30 **USA**

4. FEI Number 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

9. Name and Address of Current Registered Agent
**LEROY BROWNE
6017 N.W. 89TH AVENUE
TAMARAC, FL 33321**

10. Name and Address of New Registered Agent
81 Name **DENNIS PAUL**
82 Street Address (P.O. Box Number is Not Acceptable) **4010 BLUE SAGE PATH**
83
84 City **BOYNTON BEACH** FL 85 Zip Code **33436**

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 **DENNIS PAUL** *Dennis Paul* **FEB. 21, 1996**
Signature typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	LEROY BROWNE	
STREET ADDRESS	6017 N.W. 89TH AVENUE	
CITY - ST - ZIP	TAMARAC, FL 33321	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> DELETE
NAME	DEBRA C. PAUL	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> DELETE
NAME	JOEL WOLFE	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DENNIS PAUL	
1.3 STREET ADDRESS	4010 BLUE SAGE PATH	
1.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33436	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

500001731475
-03/04/96--01119--008
*****200.00**

ONE
3/2/96

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 as an attachment with an address

SIGNATURE: *Dennis Paul* **DENNIS PAUL, PRES.** **FEB 21, 1996** **407/364-0765**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)