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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000017964 (0)

1. Corporation Name

ECOLOGICAL TECHNOLOGIES INC.

Principal Place of Business

4010 BLUE SAGE PATH  
BOYNTON BEACH FL 33436  
US

Mailing Address

PO BOX 4733  
BOYNTON BEACH FL 33424-4733  
US

2. Principal Place of Business

2a. Mailing Address

21 200 KNUTH RD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 248D

27

City & State

City & State

23 BOYNTON Bch, FL

28

Zip

Country

Zip

Country

24 33436

25

U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAUL, DENNIS D  
4010 BLUE SAGE PATH  
BOYNTON BEACH FL 33436

81 Name

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

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
PAUL, DENNIS D  
4010 BLUE SAGE PATH  
BOYNTON BEACH FL 33436

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
PAUL, DEBRA C  
4010 BLUE SAGE PATH  
BOYNTON BEACH FL 33436

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WOLF, Joel  
342 N.E 61ST STREET  
MIAMI FL, 33137

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

300002159903  
-04/30/97--01022--030  
\*\*\*165.00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0042964