

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90001 039 \*\*\*450.00

DOCUMENT # P95000017964

1. Corporation Name  
ECOLOGICAL TECHNOLOGIES INC.

Principal Place of Business

3694 23RD AVE S.  
#11  
LAKE WORTH FL 33461  
US

Mailing Address

PO BOX 4733  
BOYNTON BEACH FL 33424  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

4. FEI Number

65-0649407

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 1902 B 7th CT NO

Suite, Apt. #, etc.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 LAKE WORTH FL

Zip

Country

24 33461 25

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PAUL, DENNIS  
224 NEWLAKE DR.  
BOYNTON BEACH FL 33424

10. Name and Address of New Registered Agent

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 P ☐ DELETE  
NAME PAUL, DENNIS  
STREET ADDRESS 4010 BLUE SAGE PATH  
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 DP ☒ Change ☐ Addition  
1.2 NAME PAUL, DENNIS D  
1.3 STREET ADDRESS 224 NEWLAKE DR  
1.4 CITY-ST-ZIP BOYNTON BEACH FL 33426

2.1 TITLE DST ☒ Change ☐ Addition  
2.2 NAME PAUL, DEBRA C  
2.3 STREET ADDRESS 224 NEWLAKE DR  
2.4 CITY-ST-ZIP BOYNTON BEACH FL 33426

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME IKUTA, MASAYOSHI  
3.3 STREET ADDRESS 134 PROSPECT AVE  
3.4 CITY-ST-ZIP HAWORTH NJ 07641

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/99 561/585-8196

CR2E034 (1/198)