

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

97-98AR

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAR 10 PM 12:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000093792 (6)
 1. Corporation Name
EAST COAST CONSTRUCTION CLEAN-UP & HAULING, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|----------------------------------|---------------------|---|---|
| Principal Place of Business | | Mailing Address | |
| 3985 RICHY ROAD MIMS FL 32754 | | 3985 RICHY ROAD MIMS FL 32754 | |
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 12/11/1995 | 10/30/1996 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 59-3345992 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 24 | 25 | 29 | 30 |
| Zip | Country | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

g. Name and Address of Current Registered Agent

SHAW, NANCY C
 3985 RICHY ROAD
 MIMS FL 32754

10. Name and Address of New Registered Agent

81 Name SHAW, NANCY C
 82 Street Address (P.O. Box Number is Not Acceptable) 3985 RICHY ROAD
 83
 84 City Mims FL 85 Zip Code 32754

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 *Nancy C. Shaw* DATE *March 5, 98*

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GOVEIA, RICHARD P | |
| STREET ADDRESS | 3985 RICHY ROAD | |
| CITY-ST-ZIP | MIMS FL 32754 | |
| TITLE | VPS | <input type="checkbox"/> DELETE |
| NAME | SHAW, NANCY C | |
| STREET ADDRESS | 3985 RICHY ROAD | |
| CITY-ST-ZIP | MIMS FL 32754 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 500002454525--B |
| 1.3 STREET ADDRESS | -03/12/98--01004--003 |
| 1.4 CITY-ST-ZIP | ***315.00 ***315.00 |
| 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 | |

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.

Richard P. Goveia

2/11/98

CR2E034 (4/97)

2

EAST COAST CONSTRUCTION CLEAN-UP & HAULING INC.

**3985 RICHY ROAD
MIMS, FLORIDA 32754
(407)268-0969**

March 5, 1998

Re: document # P95000093792

**East Coast Construction Clean-Up & Hauling Inc.
3985 Richy Road
Mims, Florida 32754**


My corporate tax papers where miss placed, and I'm sorry to say and a little embarrassed that we just found them.

I have been quite ill since the middle of 1997, In Aug of 1997 I had two heart attacks, one on the 11th and one on the 12th . I had a heart catheterization on the 15th of Aug. On the 16th of Aug I had a rotational atherectomy, angioplasty, which I had two stents implanted. My hospital stay was eight days.

In Oct, of 1997 I returned to the hospital for heart catheterization, and angioplasty with stenting to my left side of the heart. Hospital stay was five days.

In Jan, of 1998 I came down with pneumonia and enlarged heart due to fluid build up in my lungs and around my heart. I was hospitalized for six days. I still to this day March 5, 1998 have not returned to work.

Sincerely,



**Richard P. Goveia
President
East Coast Construction Clean-Up & hauling Inc.**