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1997 MAY -1 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000015448 (9)**

1. Corporation Name
ECO-ADS FLORIDA, INC.

Principal Place of Business	Mailing Address
1730 ARMISTEAD PLACE TALLAHASSEE FL 32312	1730 ARMISTEAD PLACE TALLAHASSEE FL 32312-3458

3. Date Incorporated or Qualified: 02/19/1996
3a. Date of Last Report: n/a

2. Principal Place of Business	2a. Mailing Address
21 24795 N.E. 147 Place	26 24795 N.E. 147 Place
22 Suite, Apt #, etc.	27 Suite, Apt #, etc
23 City & State: Salt Springs, FL	28 City & State: Salt Springs, FL
24 Zip: 32134 25 Country: USA	29 Zip: 32134 30 Country: USA

4. FEI Number: 59-3400917 ☐ 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	10. Name and Address of New Registered Agent
MEFFERT, J. CHRISTIANH 1730 ARMISTEAD PLACE TALLAHASSEE FL 32312	81 Name: Betty J. Steffens 82 Street Address (P.O. Box Number is Not Acceptable): 210 South Monroe Street 83 84 City: Tallahassee FL 85 Zip Code: 32301

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: Betty J. Steffens — May 1, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition P Joyce M. Meffert 24795 N.E. 147 Place Salt Springs, FL 32134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition S/D Betty J. Steffens 210 South Monroe Street Tallahassee, FL 32311
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition C/D Edward St. Clair 1155 Rene Levesque Blvd.W., Suite 2650 Montreal, Quebec, Canada; H3B 4S5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition D J. Christian Meffert 24795 N.E. 147 Place Salt Springs, FL 32134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002161435,1--5 -05/02/97--01132--011 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 5/1/97

CR2E034 (9/96)

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: Betty J. Steffens — Betty J. Steffens 5/1/97 904-224-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048832