

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

FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~9810000027060~~ (7)

Principal Place of Business: EcoJet Recharge Inc. Mailing Address: P96 0000 42455 (1)

4830 NW 104th TER CORAL SPRINGS FL 33076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	1. FEE Number	Applied For
26	27	5/17/96	65-0667315	Not Applicable
2. State, Apt #, etc	2a. State, Apt #, etc	4. Certificate of Status Desired	8.75 Additional Fee Required	
2. City & State	2a. City & State	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees	
2. Zip	2a. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		
25	29	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

9. Name and Address of Current Registered Agent: ABRAMS IRENE, 8222 Wiles ROAD - suite 153, CORAL SPRING FL 33067

10. Name and Address of New Registered Agent: 81 Name: ABRAMS IRENE, 82 Street Address: 8222 Wiles ROAD - suite 153, 84 City: CORAL SPRING FL, 85 Zip Code: 33067

11. Pursuant to the provisions of Sections 607.0502 and 607.1604, 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

12. OFFICERS AND DIRECTORS		13.	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, IRENE	12 NAME	
STREET ADDRESS	4830 NW TER	13 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL 33076	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	000002476280 <input type="checkbox"/> Addition
NAME		52 NAME	-04/02/98--01014--032
STREET ADDRESS		53 STREET ADDRESS	***150.00
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(c), 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. This 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 of a bonded or on an affidavit with an address.

SIGNATURE: [Signature] 3/25/98 (954) 345-8525