

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

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Feb 27 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 # P96000052471 (5)

1. Corporation Name
EARTH CARE SYSTEMS INC.



Principal Place of Business
13807 OLEANDER AVENUE
JUNO FL 33408

Mailing Address
13807 OLEANDER AVENUE
JUNO FL 33408-1623

3. Date Incorporated or Qualified 06/18/1996	3a. Date of Last Report NA
4. FEI Number 65-0681641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 1135 Lake Shore Dr. Suite, Apt. #, etc. 22 #202 City & State 23 Lake Park, FL Zip 24 33403	2a. Mailing Address 26 1135 Lake Shore Dr. Suite, Apt. #, etc. 27 #202 City & State 28 Lake Park, FL Zip 29 33403	Country 25 Palm Bch. 30 Palm Bch.
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9. Name and Address of Current Registered Agent
KLOHN, VIRGINIA
13807 OLEANDER AVENUE
JUNO FL 33408

CHANGE → ADDRESS

10. Name and Address of New Registered Agent

81 Name Virginia Kohn	82 Street Address (P.O. Box Number is Not Acceptable) 1135 Lake Shore Drive	83 #202	84 City Lake Park	85 FL	86 Zip Code 33403
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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: *Virginia Kohn* 2-20-97
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 D	<input type="checkbox"/> DELETE	11 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLOHN, VIRGINIA		12 NAME KLOHN, VIRGINIA	
STREET ADDRESS 13807 OLEANDER AVENUE		13 STREET ADDRESS 1135 LAKE SHORE DR., #202	
CITY-ST-ZIP JUNO FL 33408		14 CITY-ST-ZIP LAKE PARK, FL 33403	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
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 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: *Virginia Kohn* 2-20-1997 561-882-0400
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)