Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90064 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000052471

1. Corporation Name

EARTH C	CARE SYSTEMS INC.									
Principal Place	e of Business	Mailin	g Address				- 1 (85)(89) (40 (81)0 0)(() 00()) 00()	sili BBIBI T	161 8 11 8 11 818 11	(420) (14) 188)
1135 LAKE SHO	DRE DR	1135 L	AKESHORE DR							
STE 202		STE 20	2							
LAKE PARK FL 33403 LAKE PARK FL 33403							DO NOT WRITE IN THIS SPACE			
US		U\$					3. Date Incorporated or Qualifed			
			<u> </u>				06/18/1996			-11-4 5
2. Principal Pl	ace of Business	2a. Ma	iling Address				4. FEI Number		_ 	oplied For
21	<u> </u>	26					65-0681641			ot Applicable
Suite, Apt. 1	#, etc.	27 Su	ite, Apt. #, etc.				5. Certifcate of Status Desired]		Additional aquired -
City & State	e	Ci	ty & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28					Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip)	. Cou	intry		8. This corporation owes the current	year Inta		
24	25	29		30			Personal Property Tax.		Yes	N₀
	9. Name and Address of Curre	nt Registere	d Agent		L.,		10. Name and Address of New Reg	istered /	Agent	
					81	Name				
	HN, VIRGINIA				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
	LAKESHORE DR		٠		Sidest Address (1.0. box Humber is Not Address of					
STE					83		,	~		
LAKE	PARK FL 33403				04	City			85 Zip	Code
	•				84	City		FL	a3 Zip	Oode
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida '	such change was a	uthonzec	ז אח ר	ine comporation	ration submits this statement for the pun's board of directors. I hereby accept the	rpose of he appoir	changing its itment as re	registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if and	nable (NOTE	· Registered	1 Agent	signature required	when reinstating)	DATE		
12.	OFFICERS A			13.	- rigon		ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTO	DRS IN 12
TITLE	S	110 0111201	- · · · · · · · · · · · · · · · · · · ·			,	, 100111011011011011011011011011011011011			☐ Addition
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TOOME	KI OHN VIRGINIA		☐ DELETE				•	-,	Change	Addition !
MIDELT PODDECE	KLOHN, VIRGINIA		☐ DELETE	1.2 N	AME	ANNRESS		•	Change	Addition
STREET ADDRESS	1135 LAKE SHORE DR 202		☐ DELETE	1.2 N/ 1.3 ST	ame Treet	ADDRESS		- ,	Change	Adduon
CITY-ST-ZIP			· · · - · · · · · · · · · · · · · · · · · · ·	1.2 N/ 1.3 ST 1.4 CI	ame Treet ITY-S <u>T</u>			·.	☐ Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS