

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000078567

1. Corporation Name

THE ECHOSYSTEM MITIGATION BANK, INC.

Principal Place of Business

Mailing Address

**One South Orange Avenue
Suite 501
Orlando, FL 32801**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1031 West Morse Blvd.

Suite, Apt. #, etc.

Suite 270

City & State

Winter Park, FL 32789

Zip

32789

Country

USA

3. New Mailing Office Address, If Applicable

1031 West Morse Blvd.

Suite, Apt. #, etc.

Suite 270

City & State

Winter Park, FL 32789

Zip

32789

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Aug. 16, 1996

5. FEI Number

59-3447690

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	Dennis K. Benbow	1031 W. Morse Blvd. Suite 270	Winter Park, FL 32789
S/T/D	Jack E. Spillane	1031 W. Morse Blvd. Suite 270	Winter Park, FL 32789

700002294697--7

-09/16/97--01071--018

******550.00 ****550.00**

8. Name and Address of Current Registered Agent

**Kenneth F. Morse
600 Courtland Street
Suite 110
Orlando, FL 32804**

9. Name and Address of New Registered Agent

Name

Jack E. Spillane

Street Address (P.O. Box Number is Not Acceptable)

1031 West Morse Boulevard

Suite, Apt. #, Etc.

Suite 270

City

Winter Park

State

FL

Zip Code

32789

10. I am appointing the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **9/12/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack E. Spillane, Sec

9/12/97

Date

(407) 647-2777

Daytime Phone #