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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business

DOCUMENT # P97000051899

ENVIRONMENTALLY CORRECT PROJECTS, INC.

Mailing Address

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90199 019 \*\*\*150.00



3730 7TH TERRACE. SUITE 204 VERO BEACH FL 32960		PO BOX 3730 VERO BEACH FL 32964 US			DO NOT WRI  3. Date incorporated or Qualifed  06/11/1997	TE IN TH	IS SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
24		□ · ·			65-0763004		No	t Applicable
Suite, Apt. #, etc.			5  3730 7th Terrace Suite, Apt. #, etc.				\$8.75 A	
· ·		<b>—</b>	7 004		5. Certifcate of Status Desired		Fee Re	
City & State			City & State		6. Election Campaign Financing		\$5.00	Mov Bo
¬ '		<u> </u>	J		Trust Fund Contribution		Added t	, ,
23 Zip	Country	Zip Vero Beach	Country	<del></del>	8. This corporation owes the curi	ent vear l		
<b>—</b> '	·	32960 3	7 110		Personal Property Tax.	ent year i	Yes	□No
24	25	25	1		10. Name and Address of New I			
	9. Name and Address of Current	Registered Agent	81	Name	(c. Name and Address of New )	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
PAPE	PEL, ROBERT							
	INDIAN RIVER BLVD.		82 Street Add		Address (P.O. Box Number is Not Accept	able)		i
			83		70 North A1A			
SUITE 313-315				٥,,	ite 221			
VERC	D BEACH FL 32960		84		1 ce 221		. 85 Zip C	Code
				Ve	ro Beach	F	L    329	163
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	Signature, typed or printed name of registered agent	and title if applicable (NOTE Re	enistered Aner	nt signature re	equired when reinstating)	DATE		
12. OFFICERS AND DIRECTORS				it signature it	ADDITIONS/CHANGES TO OF		AND DIRECTO	RS IN 12
TITLE	D OF FICERO AND	DELETE	13.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
	<del></del>	<u></u>	1.2 NAME					_ · }
NAME	MURPHY, MICHAEL	ATC.						
STREET ADDRESS	4900 N. NEWPORT ISLAND DRI	VE.		FADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32967		1.4 CITY-S	T-ZIP			X Change	Addition
TITLE	D	☐ DELETE	2.1 TITLE		D Ashar Harry		X <sub>M</sub> change	[_1Auullol1 ]
NAME	ASHER, HAROLD		2.2 NAME		Asher, Harry			ì
STREET ADDRESS	1968 SIXTY OAKS LANE		2.3 STREE	TADDRESS	5860 39th Lane	~~~		
CITY-ST-ZIP.	VERO BEACH, FL 32966	· · · · · · · · · · · · · ·	2.4 CITY-5	ST-ZIP	Vero Beach FL 32	966		
ΠΤLE	D	☐ DELETE	3.1 TITLE				🔀 Change	☐ Addition
NAME	PINTO, TERRANCE G		3.2 NAME					
STREET ADDRESS	736 KUMKUAT		3.3 STREE	T ADDRESS	736 Kumquat Road,	# A		
ļ	VERO BEACH FL 32963		3.4. CITY-5		, 50 Ramquae Roua,	"		
CITY-ST-ZIP TITLE	DP	☐ DELETE	4.1 TITLE	,,- <u></u> ,			Change	Addition
i	PINTO, TERRANCE G	, -	4. 2 NAME					
NAME								
STREET ADDRESS	736 KUMQUAT RD			T ADDRESS				
CITY-ST-ZIP	VERO BCH FL 32963		4.4 CITY-S	I-ZIP			Change	Addition
TITLE	VPTD	☐ DELETE	5.1 TITLE				C change	L /100110/1
NAME	SWANSON, JOHN F		5.2 NAME					
STREET ADDRESS	4857 NEWPORT ISLAND DR			TADDRESS				
CITY-ST-ZIP	VERO BCH FL 32967		5.4 CITY-S	T-ZIP				
TITLE	-	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
OTDEET ADDOCCO			6.3 STREE	T ADDRESS				Į.

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.

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4-27-99 561-770-1030