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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000019866

ECO-TREAT INTERNATIONAL, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90014 026 ***150.00



Principal Place	e of Business	Mailing Address			ł						
8140 93RD LANE SOUTH		8140 93RD LANE SOUTH									
BOYNTON BEACH FL 33437		BOYNTON BEACH FL 33437				DO NOT WRITE IN THIS SPACE					
	•					3. Date Incorpor			017102		
						02/26/199					
2 Principal D	loss of Rusiness	2a. Mailing Address				4. FEI Number	<u>. </u>			Applie	d For
2. Principal Place of Business		26				65-08	26126	•		• • •	pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.7	5 Add	
Suite, Apr. #, etc.		. 🗀	27			5. Certifcate of S	Status Desired			Requi	
City & State		City & State				6. Election Cam	paign Financing		\$5.0	00 ма	v Be
23		28				Trust Fund Co	. •			ed to F	•
Zip	Country	Zip	Cou	ntry		8. This corporati	ion owes the curr	ent year In	tangible		
24	25	29	30			Personal Prop	perty Tax.		☐ Yes		No
	9. Name and Address of Curren	nt Registered Agent				10. Name and A	ddress of New I	Registered	Agent		
				81 N	Name			•			.
	CRACKEN, JOHN B			82 S	Street Addres	ss (P.O. Box Numb	er is Not Accepta	able)			
	SOUTH FLAGLER DRIVE STE.										
WES	ST PALM BEACH FL 33401-3475			83				•			
			•	84 (City				85 2	ip Cod	le
					•		÷	Fl	-	•	ĺ
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the al	bove-na	amed corpora	ration submits this	statement for the	purpose o	f changing	its rec	jistered ered
office or r	egistered agent, or both, in the State	of Florida, Such change was a	utnonzed	uy me	CORPORALION	is board or director	S. I neleby acce	pr me appo	munerit a	, legisi	
	im familiar with, and accept the obliga	ilions of, Section 607.0000, Fig	nga Stati	utes.	•						
-	im familiar with, and accept the obliga	allons of, Section 607.0505, Flo	nga Stati	utes.	•						
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE	: Registered	utes.	gnature required w			DATE			
-	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	Registered	Agent sig			HANGES TO OF				IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	13.	Agent sig			HANGES TO OF		ND DIREC		
SIGNATURE	Signature, typed or printed name of registered age: OFFICERS AN D NOTTINGHAM, GEORGE	nt and title if applicable. (NOTE	13.	Agent sig	gnature required w		HANGES TO OF				IN 12
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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 five 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 expowered 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 odress, with all other like empowered.

SIGNATURE: