

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 APR 21 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798000035588

1. Corporation Name

EARTHCARE PROPERTY MAINTENANCE INC.

Principal Place of Business

2512 WHISPERWAY
TALLAHASSEE FL
32308

Mailing Address

P.O. BOX 13371
TALLAHASSEE FL
32317

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

ASHLEY ARONSON
2512 WHISPERWAY
TALLAHASSEE, FL
32308

81 Name

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

83

84 City

FL 85 Zip Code

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 type for printed name of registered agent is not applicable

IF FILE: Signature type for printed name of registered agent is not applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRES.	JEFF ARONSON	2512 WHISPERWAY	TALL. FL 32308
VICE PRES	ASHLEY ARONSON	2512 WHISPERWAY	TALL. FL 32308
SECRETARY	DONALD ARONSON	2512 WHISPERWAY	TALL. FL 32308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
400002850084--7			
-04/23/99--01103--010			
****150.00 ****150.00			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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

SIGNATURE:

JEFF ARONSON

4/21/99 850-98096

CR2E034 (11/98)