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CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1995

531-95

B-6789

OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:36

DOCUMENT # S67568

(3)

1. Corporation Name

ECOFORM INCORPORATED

Principal Place of Business

12900 S.W. 13TH STREET
APT. E309
PEMBROKE PINES FL 33027

Mailing Address

12900 S.W. 13TH STREET
APT. E309
PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1991

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
502 EAST PARK AVENUE
TALLAHASSEE FL 32301

81 Name

MAC-DA MARX

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

12900 SW 13th STREET, APT. E309

83

84 City

PEMBROKE PINES

FL

85

Zip Code

33027

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

Michael Mautner

(NOTE: Registered Agent signature required when reappointing)

DATE

20-May-1995

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MAUTNER, MICHAEL
STREET ADDRESS	12900 SW 13TH STREET
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	MAUTNER, MICHAEL
STREET ADDRESS	12900 SW 13TH STREET
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(k), 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.

SIGNATURE:

Michael Mautner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20-May-1995 (3.05) 437-5242