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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33027-2155

3. Date Incorporated or Qualified
07/19/1991

3a. Date of Last Report
05/14/1996

4. FEI Number
65-0311597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 8505 NW 59TH PLACE
Suite, Apt. #, etc.

26 8505 NW 59TH PLACE
Suite, Apt. #, etc.

22 City & State
23 TAMARAC, FLORIDA

27 City & State
28 TAMARAC, FLORIDA

24 Zip Country
33313 USA

29 Zip Country
33313 USA

9. Name and Address of Current Registered Agent

MARX, MAGDA
12900 SW 13TH STREET
APT. E309
PEMBROKE PINES FL 33027

10. Name and Address of New Registered Agent

81 Name MARX, MAGDA
82 Street Address (P.O. Box Number is Not Acceptable)
83 9701 W. OAKLAND PARK BLVD, APT. 519
84 City SUNRISE, FLORIDA FL 85 Zip Code 33358

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 MAGDA MARX
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE 4 February 1997

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

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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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Mautner 4-February-1997

Date Daytime Phone #

CR2E034 (9/96)