FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT # V

SIGNATURE: _

V02102

(4)

US	1. Corporation Name ECOGROUP, INC. Principal Place of Business 601 BAYSHORE BLVD STE 960 TAMPA FL 33606 TAMPA FL 33606 TAMPA FL 33606								
2 Driveta d Di		US US				Date Incorporated or Qualified 12/24/1991	3a. Date o		t Report
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		- ''	Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				59-3097667		لـ	Not Applicable
22		27				5. Certificate of Status Desired			75 Additional
City & State)	City & State				6. Election Campaign Financing			.00 May Be
Zip	Country	28 Zip			,.	Trust Fund Contribution		Ad	ded to Fees
24	25	29	Count	ry		B. This corporation has liability for in	tangible tax	under	s 199.032,
	9. Name and Address of C	Current Registered Agent	[30]			Florida Statutes Yes 10. Name and Address of New Re			
			8	1	Name	TO. Hame and Address of New Ke	gistered Aç	jent	
OELSCHL	LAEGER, EDWARD R.		8:	-	Street Address	s (P.O. Box Number is Not Acceptable			
- 511-W. B.		HORE BLVD.	Ľ		Otrock Address	is (* . C. Box Number is Not Acceptable	Đ)		
-SUITE 30	SUITE	960	83	3					
	LASSON TAMPA, F	FL 33606	84	4	City				
11 Pursuant to	the provisions of Coeffice Co	7.05.00					- L	- 1	Zip Code
or registere	ed agent, or both, in the State o	f Florida, Such change was authorized, Section 607,0505, Florida Statutes	es, the above ed by the con	-na por	amed corporati ration's board	on submits this statement for the purp of directors. I hereby accept the appoi	ose of chang	ing it	s registered office
SIGNATURE	i, and accept the obligations of	, Section 607.0505, Florida Statutes				те апрог	nuneni as rej	gisten	ao agent. I am
SI	signature, typed or printed name of registers	id agent and title if applicable.	ITF: Benistered Acc	oot n	signature required wi				
12.		S AND DIRECTORS	13.	CHE S	ardinarine rechnical M	ADDITIONS/CHANGES TO OFFIC	DATE DE	DE O	
TITLE	D	☐ DELETE	1. 1 TOTLE			ALEMONO FANGES TO OFFIC		Change	
NAME	OELSCHLAEGER, EDWAI	RD R.	1.2 NAME		ĺ		L_) .	or can gr	L) Addition
STREET ADDRESS	601 BAYSHORE BLVD., S TAMPA FL	STE 960	1.3 STREE	J AE	DORESS				
CITY-ST-7IP TITLE	ST ST		14 CiTY - 1	ST-	ZIP				
NAME	KIRKBRIDE, BONNIE K	☐ DELETE	2 1 TITLE					Change	Addition
STHEET ADDRESS	601 BAYSHORE BLVD., S	TF ORA	2.2 NAME						
CITY-ST-ZIP	TAMPA FL	712 500	23 STREET						
TITLE		DELETE	2.4 CITY - S 3. 1 TITLE	ST - 7	ZIP				
NAME		<u></u>	3.1 HILE 3.2 NAME					hange	☐ Addition
STREET ADDRESS			3.3 STREE	I AF	ODRESS				
CITY-SI-ZIP			3 4 CITY-S						
TITLE		☐ DELETE	4. 1 7iTLE					hange	Addition
NAME STORES LOGBEGO			4.2 NAME				LJ 0	yo	L NOOHOH
STREET ADDRESS			43 STREET	ADI	DRESS				•
CITY-ST-ZIP		Fibrier	4.4 Crty-S	T - Z	PIP				
IAME		DELETE	5 1 TITLE				C	hange	☐ Addition
TREET ADDRESS			5.2 NAME						
DITY-ST-ZIP			53 STREET		ĺ				İ
ITLE		☐ DELETE	5.4 CITY - ST 6. 1 TITLE	1 - ZI	<u> </u>		· <u></u>		
3MAI			6.2 NAME					hange	☐ Addition
TREET ADDRESS			6.3 STREET	ADD	ORESS				
ITY-SI-ZIF	·				i				ļ
 I do hereby or certify that the 	ertify that the information supplied information indicated on this	ied with this filing is voluntarily furnis	hed and does	s no	ot qualify for th	e exemption stated in Section 119.07(nd that my signature shall have the sar ort as required by Chapter 607, Florid	31(k) Florida	Status	ae I fudha-

818-251-4868