(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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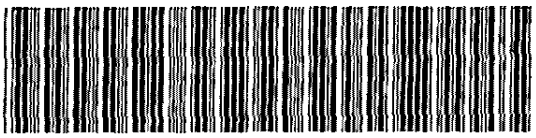

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94 MAY -1 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V02102 (4)

1. Corporation Name
ECOGROUP, INC.

Mailing Address
511 W. BAY ST.
TAMPA FL 33606

Principal Place of Business
511 W. BAY ST.
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 12/24/1991
3a. Date of Last Report: 04/26/1993

2. Mailing Address
21 601 BAYSHORE BLVD.
Suite, Apt. #, etc.
22 960
City & State
23 TAMPA, FLORIDA
Zip 24 33606 Country 25 USA

2a. Principal Place of Business
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3097667
Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

6. [illegible]
$5.00 May Be Added to Fees

7. Nonprofit Exempt from $108.75 Supplemental Fee

8. This corporation has [illegible] for delinquent tax under S. [illegible] Florida Statutes X Yes No

9. Name and Address of Current Registered Agent

OELSCHLAEGER, EDWARD R.
511 W. BAY ST.
SUITE 302
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip

11. Pursuant to the provisions of Sections 607.1502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

0
OELSCHLAEGER, EDWARD R.
601 BAYSHORE BLVD.
TAMPA FL 33606 SUITE 960

13. CHANGES TO OFFICERS AND DIRECTORS

sec/tres.
BONNIE K. KIRKBRIDE
601 BAYSHORE BLVD. SUITE 960
TAMPA, FL. 33606

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 119.07(3)(i), Florida Statutes. I hereby authorize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public inspection. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver, trustee or other court-appointed fiduciary empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added to the report.

SIGNATURE: Bonnie K. Kirkbride 4-26-94 813-251-4868
BONNIE K. KIRKBRIDE
(BY MANUSCRIPT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #