(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

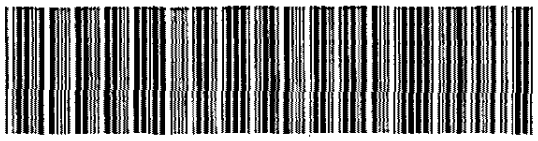
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600037715776

2ND NOTICE FILE NOW! CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 7, 1992.

CORPORATION

ANNUAL REPORT

1992

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

AUG 18 '92

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries.

FILING FEE $61.25, Make Payable To: Secretary of State

1. Name and Mailing Address of Corporation DOCUMENT # V02102 (4)

PROFIT
THE ECOGROUP, INC.
511 W BAY ST
TAMPA FL 33606-2736

If above address is incorrect in any way line through the incorrect information and enter correct address in Box 2

2. If Address in Block 1 is the correct mailing address, leave Box 2 blank. If not, enter the correct mailing address. A P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State | 24 Zip Code

3. Date Incorporated or Qualified To Do Business in Florida 12/24/1991

3a. Date of Last Report

4. FEI Number
59-3097667

FEI Number Applied For

FEI Number - No Application

5. $8.75 Additional Fee Required for a Certificate of Status or Copy
CERTIFICATE OF STATUS REQUESTED

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

	1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
1	D	OELSCHLAEGER, EDWARD R.	511 W. BAY ST., #302	TAMPA, FL
1x				
2				
2x				
3				
3x				
4				
4x				
5				
5x				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

81 Name

82 Street Address (Do NOT Use P.O. Box Number)

83 City-State-Zip (Do NOT Use P.O. Box Number)

84 City FL. 85 Zip

9. Pursuant to the provisions of Section 617.0502 and 617.1508 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 617.0505, Florida Statutes.

REGISTERED AGENT'S SIGNATURE (Registered Agent Acceptance Required) DATE

10. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for explanation)

11. I 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, director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 6 or on an attachment with an asterisk.

SIGNATURE [signature] DATE 8/11/92

Print/Type Name of Signing Officer or Director: Edward R. Oelschlaeger

Title(s): President

Daytime Telephone Number: (813) 251-4868

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional $5.00 to the filing fee. [ ]