

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V02106

(5)

1. Corporation Name

ECOMANAGEMENT, INC.



Principal Place of Business

601 BAYSHORE BLVD
STE 960
TAMPA FL 33606
US

Mailing Address

601 BAYSHORE BLVD
STE 960
TAMPA FL 33606
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

OELSCHLAEGE, EDWARD R.
601 BAYSHORE BLVD.
STE 960
TAMPA FL 33606

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.0608, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	OELSCHLAEGE, EDWARD R.	
STREET ADDRESS	601 BAYSHORE BLVD., STE 960	
CITY-STATE-ZIP	TAMPA FL	
TITLE	ST	[] DELETE
NAME	KIRKBRIDE, BONNIE K	
STREET ADDRESS	601 BAYSHORE BLVD., STE 960	
CITY-STATE-ZIP	TAMPA FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	[] Change [] Addition
2. NAME	
1. STREET ADDRESS	
1. CITY-STATE-ZIP	
2. NAME	[] Change [] Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-STATE-ZIP	
3. NAME	[] Change [] Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-STATE-ZIP	
4. NAME	[] Change [] Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. NAME	[] Change [] Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-STATE-ZIP	
6. NAME	[] Change [] Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-STATE-ZIP	
7. NAME	
7. NAME	
7. STREET ADDRESS	
7. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this filing is part of supplemental annual reports due 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.

SIGNATURE:

Edward R. Oelschlaeger 1/25/96 813-251-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)