FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY - 1 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V78511

1. Corporation Name

EARTH CARE PRODUCTS OF AMERICA, INC.
2300 W. Glades Rd., Suite 440W
~~Boca Raton, FL 33431~~

Principal Place of Business   Mailing Address

2300 W. Glades Rd., Suite 440W
Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2300 W. Glades Rd.	26 SAME
Suite, Apt. #, etc. 22 Suite 440W	Suite, Apt. #, etc. 27
City & State 23 Boca Raton, FL	City & State 28
Zip 24 33431 / Country 25 USA	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/14/92
3a. Date of Last Report:
4. FEI Number: 65-0327997 ☐ 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

9. Name and Address of Current Registered Agent

David A. Farrow
Earth Care Products of America, Inc.
2300 W. Glades Rd., Suite 440W
Boca Raton, FL 33431

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 Code

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 David A.Farrow,President/Treasurer 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Chairman/CEO/D
NAME	Harold H. Gebert
STREET ADDRESS	765 Skippack Pk.
CITY ST ZIP	~~Blue Bell, PA 19422~~
TITLE	P/T/D
NAME	David A. Farrow
STREET ADDRESS	1060 S.W. 19th St.
CITY ST ZIP	~~Boca Raton, FL 33486~~
TITLE	V/D
NAME	Raymond F. Darling
STREET ADDRESS	611 High St.
CITY ST ZIP	~~Boca Raton, FL 33486~~
TITLE	V/D
NAME	Robert Johnson
STREET ADDRESS	2400 Acorn Palm Dr.
CITY ST ZIP	~~Boca Raton, FL 33432~~
TITLE	V/D
NAME	Louis Jullien III
STREET ADDRESS	8215 Pheasant Glen Dr.
CITY ST ZIP	~~Spring, TX 77379~~
TITLE	Sec.
NAME	Nancy K. Farrow
STREET ADDRESS	1060 S.W. 19th St.
CITY ST ZIP	~~Boca Raton, FL 33486~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	000001485760
1 3 STREET ADDRESS	-05/12/95--01050--023
1 4 CITY ST ZIP	****200.00 ****200.00
2 1 TITLE	☐ Change ☐ Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY ST ZIP	
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY ST ZIP	
4 1 TITLE	☐ Change ☐ Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY ST ZIP	
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY ST ZIP	
6 1 TITLE	☐ Change ☐ Addition
6 2 NAME	
6 3 STREET ADDRESS	5/10
6 4 CITY ST ZIP	

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)(k), 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: David A. Farrow, President/Treasurer 407-394-3511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Title   Daytime Phone #