

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V35063** (9)  
1. Corporation Name  
**ENVIRONMENTAL CONCEPTS OF CENTRAL FLORIDA, INC.**



Principal Place of Business  
**2064 ROCKY HILL DR.  
DELTONA FL 32738**

Mailing Address  
**2064 ROCKY HILL DR.  
DELTONA FL 32738**

3. Date Incorporated or Qualified  
**05/07/1992**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business  
21 **5885 S. SYLVAN LAKE DR.**  
Suite, Apt. #, etc.

22 City & State  
**SANFORD, FLORIDA**

23 Zip  
**32772**

24 Country  
**SEMINOLE**

9. Name and Address of Current Registered Agent  
**PICONE, MICHAEL J.  
2064 ROCKY HILL DRIVE  
DELTONA FL 32738**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PICONE, MICHAEL J.</b>
STREET ADDRESS	<b>2064 ROCKY HILL DR</b>
CITY-ST-ZIP	<b>DELTONA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LANG, WILLIAM P.</b>
STREET ADDRESS	<b>843 N. JERICO DR.</b>
CITY-ST-ZIP	<b>CASSELBERRY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
5. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 and appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Michael J. Picone**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date

Daytime Phone #

CR2E034 (12/95)