

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V37988**
1. Corporation Name **ECOSMART, INC.**

Principal Place of Business Mailing Address
555 SUN VALLEY DRIVE, Ste. J-3
ROSWELL, GA 30076

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. # etc	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
		30	Country

3. Date Incorporated or Qualified 5-19-92	3a. Date of Last Report 8-8-95
4. FEI Number 65-0413201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
RICHARD MILLER
5030 CHAMPION BLVD., Ste. 6-441
BOCA RATON, FL 33496

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME E. DOUGLAS GRINDSTAFF		1.2 NAME	
STREET ADDRESS 823TYNE BLVD.		1.3 STREET ADDRESS	←
CITY- ST- ZIP NASHVILLE, TN 37220		1.4 CITY- ST- ZIP	
TITLE V.P.	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEVEN M. BESSETTE		2.2 NAME	
STREET ADDRESS 4135 BELLFLOWER DRW		2.3 STREET ADDRESS	←
CITY- ST- ZIP ALPHARETTA, GA 30202		2.4 CITY- ST- ZIP	
TITLE Sec	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARK G. VERNON		3.2 NAME	
STREET ADDRESS 1125 PRIMROSE DRW		3.3 STREET ADDRESS	← 700001789697
CITY- ST- ZIP ROSWELL, GA 30076		3.4 CITY- ST- ZIP	-04/23/96-01001-002
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	***208.75
STREET ADDRESS DELETE ALL OTHERS!		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: Steven M. Bessette **STEVEN M. BESSETTE, V.P.** Date **4-17-96** (770) 518-1260
Signature and typed or printed name of signing officer or director

CR2E034 (12/95)