

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **741375** (0)
1. Corporation Name
ECPC, INC.



Principal Place of Business: **9240 SOUTHWEST 124TH STREET MIAMI FL 33176**
Mailing Address: **9240 SOUTHWEST 124TH STREET MIAMI FL 33176**

3. Date Incorporated or Qualified: **01/18/1978**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1825810		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		29	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

GROBARD,FRANCES
1418 MICHIGAN AVE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name: **NATHAN FARBER**
82 Street Address (P.O. Box Number is Not Acceptable): **9240 S.W. 124 ST**
83
84 City: **MIAMI** FL 85 Zip Code: **33176**

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE: *Nathan Farber, Pres.* DATE: **1-20-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARBER, NATHAN	1.2 NAME	BERNICE O. CONANT
STREET ADDRESS	9240 S W 124TH STREET	1.3 STREET ADDRESS	9240 S.W. 124 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33176-5161
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROBARD, FRANCES	2.2 NAME	JOHN F. CONANT
STREET ADDRESS	1418 MICHIGAN AVENUE	2.3 STREET ADDRESS	1811 PASSAIC AVE
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	FT. MYERS FL 33901
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWE, JACK	3.2 NAME	
STREET ADDRESS	1418 MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	900001744759
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/15/96--01055--026
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	***61.25 <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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathan Farber, Pres.* DATE: **1-20-96** DAYTIME PHONE #: **305-251-5445**
Signature and typed or printed name of signing officer or director

CR2E037 (12/95)