

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000000129 (5)
1. Corporation Name

ECAD FLORIDA CORPORATION

Principal Place of Business

Mailing Address

5728 MAJOR BLVD
SUITE 612
ORLANDO FL 32825

5728 MAJOR BLVD
SUITE 612
ORLANDO FL 32825



2. Principal Place of Business

2a. Mailing Address

21 7310 Cherry Lake Rd

26 7310 Cherry Lake Rd

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

23 Groveland, FL

27 City & State

28 Groveland, FL

24 Zip

25 34736

Country

26 Lake

29 Zip

30 34736

Country

31 Lake

9. Name and Address of Current Registered Agent

ELDIFRAWI, AHMED DR
18650 ROYAL PALM DR
GROVELAND FL 34738

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

4. FEI Number

36-3640036

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

10. Name and Address of New Registered Agent

81 Name

Ahmed A. Eldifrawi

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME ELDIFRAWI, AHMED DR
STREET ADDRESS 18650 ROYAL PALM DR
CITY-ST-ZIP GROVELAND FL

TITLE D
NAME ABDEL-HAMEED, FATHI DR
STREET ADDRESS 2013 BUTLER BAY DR
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME ZAKI, KARIM DR
STREET ADDRESS 50 KORNISH EL NILE
CITY-ST-ZIP CAIRO EGYPT

TITLE D
NAME HAMOUDA, FAROUK DR
STREET ADDRESS 868 BAKER CT
CITY-ST-ZIP GLEN ELLEN IL

TITLE D
NAME EL TOBGUI, ALAA DR
STREET ADDRESS 2100 N. ATLANTIC AVE #3
CITY-ST-ZIP COCOA BEACH FL

TITLE D
NAME ERIAN, MOUNIR DR
STREET ADDRESS PO BOX 7897
CITY-ST-ZIP RIYADH, SAUDI ARABIA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Sec
12 NAME Nadia Sadek
13 STREET ADDRESS 2013 Butler Bay Dr.
14 CITY-ST-ZIP N. Windermere, FL 34786

21 TITLE D
22 NAME Richard Earle
23 STREET ADDRESS 8009 Glenmore Springs Rd
24 CITY-ST-ZIP Bethesda MD 20817

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

352-394-0781

CR2E034 (3/96)