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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **PC4000036700**
1. Corporation Name
EAGLE CREEK DEVELOPERS, INC.

Principal Place of Business Mailing Address
**11700 ROYAL PALM BLVD PO BOX 9198
CORAL SPRINGS, FL CORAL SPRINGS, FL
33075-9198**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number **65-0491025** 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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt #, etc Suite, Apt #, etc

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**JOSEPH C. BRICKETTO
7905 N.W. 83 ST.
TAMARAC, FL 33321**

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 **JOSEPH C. BRICKETTO** *Joseph C. Bricketto* DATE **5/26/95**

Signature typed or printed name of registered agent and title if applicable. (NOTE) Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JOSEPH C. BRICKETTO
STREET ADDRESS	7905 NW 83 ST
CITY, ST, ZIP	TAMARAC, FL 33321
TITLE	VICE PRESIDENT / TREAS.
NAME	ALLAN CURRY
STREET ADDRESS	7571 BLACK OLIVE WAY
CITY, ST, ZIP	TAMARAC, FL 33321
TITLE	SECRETARY
NAME	DAVID BAIRD
STREET ADDRESS	7 NIXON DRIVE
CITY, ST, ZIP	MORRIS TOWN, NJ 08057
TITLE	ASST SEC. / ASST TREAS.
NAME	JON F. GARLETON
STREET ADDRESS	1207 NE 1 AVE
CITY, ST, ZIP	FT LAUD FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS **600001522306**

24 CITY, ST, ZIP **-06/23/95--01084--004**

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

A 6/22

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 110.07(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: *Joseph C. Bricketto* DATE **5/26/95 (30E) 752-3311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH C. BRICKETTO / PRESIDENT