

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000036700 (0)

1. Corporation Name
EAGLE CREEK DEVELOPERS, INC.



Principal Place of Business: 11700 ROYAL PALM BLVD, CORAL SPRINGS FL
Mailing Address: P.O. BOX 9198, CORAL SPRINGS FL 33075-9198

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report: 06/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0491025	Not Applicable
State, Apt. #, etc.	State, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/> Yes	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/> No	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	29	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

BRICKETTO, JOSEPH C
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
85	Zip Code

FL

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, if applicable

(Date Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKETTO, JOSEPH C	1.2 NAME	
STREET ADDRESS	7905 N.W. 83 ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMARAC FL 33321	1.4 CITY-STATE-ZIP	
TITLE	VPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, ALLAN	2.2 NAME	
STREET ADDRESS	7571 BLACK OLIVE WAY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMARAC FL 33321	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, DAVID	3.2 NAME	
STREET ADDRESS	7 NIXON DRIVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MOORES TOWN NT 08057	3.4 CITY-STATE-ZIP	
TITLE	ASAT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLETON, JON F.	4.2 NAME	
STREET ADDRESS	1207 NE 1 AVE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL 33304	4.4 CITY-STATE-ZIP	
TITLE	ASAT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK MARRINELLI	5.2 NAME	
STREET ADDRESS	1410 BRENTWOOD HILLS DR.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	BRANDON, FLA	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Business Phone #

CR2E034 (12/95)