

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 09 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 05/16/1994

4. FEI Number
 65-0491025

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
 21 805 SANDCASTLE CIR.
 Suite, Apt. #, etc.

2a. Mailing Address
 26 805 SANDCASTLE CIR.
 Suite, Apt. #, etc.

23 BRANON FLORIDA
 Zip 33511 Country U.S.A.

28 BRANON FLORIDA
 Zip 33511 Country U.S.A.

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)
 805 SANDCASTLE CIR
 83
 84 City BRANON FL 85 33511

11. Pursuant to the provisions of sections 607.0302 and 607.0308, 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 607.0305, Florida Statutes.

SIGNATURE: *Joseph C. Bricketto* DATE: 7/6/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	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-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPS CURRY, ALLAN	2.2 NAME	
STREET ADDRESS	7571 BLACK OLIVE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S BAIRD, DAVID	3.2 NAME	
STREET ADDRESS	7 NIXON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOORES TOWN NT 08057	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASAT MARRINELLI, FRANK	4.2 NAME	
STREET ADDRESS	1410 BRENTWOOD HILLS DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: 7/6/98 813-6432826

CR2E034 (5/98)