

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90039 021 ***158.75

DOCUMENT # P98000082010

1. Corporation Name EAST COAST NETWORK SOLUTIONS, INC.



Principal Place of Business 6554 BAMBOO AVE. COCOA FL 32927 Mailing Address 6554 BAMBOO AVE. COCOA FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1998

4. FEI Number 59-3534633 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 PO Box 541727 27 Suite, Apt. #, etc. 28 Merritt Island, FL 29 32954-1727 30 USA

9. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE. SUITE 900 MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGEL, ANTHONY	
STREET ADDRESS	6554 BAMBOO AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGEL, DAWN	
STREET ADDRESS	6554 BAMBOO AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFFY, THOMAS	
STREET ADDRESS	6554 BAMBOO AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFFY, DARCY	
STREET ADDRESS	6554 BAMBOO AVE.	
CITY-ST-ZIP	COCOA FL 32927	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V/D V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	400 POI CT	
3.4 CITY-ST-ZIP	Merritt Island, FL 32953	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	400 POI CT	
4.4 CITY-ST-ZIP	Merritt Island, FL 32953	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Anthony Engel 4-19-99 (407) 459-2525

CR2E034 (1/1/98)