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FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000660 (2)

1. Corporation Name
E.C. CAPITAL CORPORATION

Principal Place of Business

8131 LBJ FWY
#420
DALLAS TX 75251
US

Mailing Address

8131 LBJ FWY
#420
DALLAS TX 75251-1327
US



3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 04/26/1996
4. FEI Number 75-2436271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
NRAI SERVICES, INC.

82 Street Address (P.O. Box, etc.)
526 E. PARK AVENUE

83

84 City
TALLAHASSEE

FL

85 Zip Code
32301

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 *Delani Lundgren for NRAI Services, Inc.*

(not a reinstatement)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILTON, PHILIP S	
STREET ADDRESS	230 PARK AVE., SUITE 635	
CITY- ST- ZIP	NEW YORK NY 10169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, RALPH C	
STREET ADDRESS	8131 LBJ FREEWAY, STE 420	
CITY- ST- ZIP	DALLAS TX 75251	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	BARTEAU, GILBERT	
STREET ADDRESS	8131 LBJ FREEWAY, STE 420	
CITY- ST- ZIP	DALLAS TX 75251	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOSIER, EDWIN	
STREET ADDRESS	8131 LBJ FREEWAY, STE 420	
CITY- ST- ZIP	DALLAS TX 75251	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOSIER, EDWIN	
STREET ADDRESS	8131 LBJ FREEWAY, STE 420	
CITY- ST- ZIP	DALLAS TX 75251	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 checked="" type="checkbox"/> Addition
6.2 NAME	Brian Boss
6.3 STREET ADDRESS	8131 LBJ Freeway, Suite 420
6.4 CITY- ST- ZIP	Dallas, TX 75251

14. I do 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:

Gilbert Barteau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilbert Barteau, Pres. 1/6/97

800-777-2444

Date

Daytime Phone #

CR2E034 (9/96)