

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001498 (5)

1. Corporation Name

EJCON CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 12739
2529 W. ARTHINGTON
CHICAGO IL 60612-0739

P.O. BOX 12739
2529 W. ARTHINGTON
CHICAGO IL 60612-0739

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/09/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

36-3799767

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

9. Name and Address of Current Registered Agent

BOTTEN, DIANA
4003 N. CANAL ST.
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81

Name

PETE PERANI

82

Street Address (P.O. Box Number is Not Acceptable)

4003 N. CANAL ST

83

84

City

JACKSONVILLE

FL

85

Zip Code

32209

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 of specified person (name of registered agent and then if applicable)

(Name and Street Address of signatory required when re-registering)

7/5/96

12. OFFICERS AND DIRECTORS

TITLE

C

NAME

MARCHIORI, JOE

STREET ADDRESS

P. O. BOX 12739, 2539 W. ARTHINGTON

CITY-ST-ZIP

CHICAGO IL 60612-0739

TITLE

D

NAME

CHAN, PETER

STREET ADDRESS

P. O. BOX 12739, 2539 W. ARTHINGTON

CITY-ST-ZIP

CHICAGO IL 60612-0739

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***225.00

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, further certify that the information included 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 617, 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

6/19/96 312
733-4100
7/10/96

CR2E034 (3/96)