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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400002940 (4)

EALCON DOWER INC

FILED May 19 1998 8:00am Secretary of State

IALOO									
Principal Place of Business			Mailing	Mailing Address				f italife file buit siett abiti abiti aditi aditi aditi biti feiti biett abit abit	
1411 N. 27TH				1411 N. 27TH AVE.					
PHOENIX AZ	85009		PHOEN	PHOENIX AZ 85009				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
								06/06/1994	
2. Principal F	Place of Busi	ness	2a. Maili	ng Address				4. FEI Number Applied For	
21			26	26				86-0707736 Not Applicable	
Suite, Apt. #, etc.				Suito, Apt. #, etc				SR 75 Additional	
22			27	27				5. Certificate of Status Desired Fee Regulred	
City & State			City	City & State				6. Election Campaign Financing \$5.00 May Be	
23			28	· †				Trust Fund Contribution Added to Fees	
Zip		Country	Zip		Country			8. This corporation owes or has paid the current year Intangible	
24		25	29		30			Personal Property Tax due June 30. Yes VNo	
		and Address of Ci	irrent Registered	Agent		sa I		10. Name and Address of New Registered Agent	
		TION SYSTEM				31	Name		
1200 80 UTH PIBE ISLAND RD.					1	2	Street A	t Address (P.O. Box Number is Not Acceptable)	
PU	ANTATION	FL 33324			ļ.				
					ľ	3			
					8	14	City	85 Zip Code	
								FL S Z P S S S S S S S S S	
11. Pursuant office or i	to t he provis regi ste red ac	sions of Sections 607 pent, or both, in the S	'.0502 and 607.150 State of Florida. Su	08, Fl <i>ori</i> da Statuti chichan oo wa s a	es, the about	ove- bv t	named d the corp	corporation submits this statement for the purpose of changing its registered	
office or registered agent, or both, in the State of Florida, Such chango 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					~				
12,	Signature types	For providing the provided to the control of the co	ed agent and blood applic CAND DIRECTORS		Registered	Agent	signature (required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	CA CICA NO	MIND DIMEGIONS	DELETE	1.1 DIL	F	т	Change Maddition	
NAME	,	R, ROBERT F		1.2 N			-	Term Weeth	
STREET ADDRESS		27TH AVE.				-	DDRESS	1411 19. 27 MAVE.	
		X AZ 85009						Phoenix, AZ 85009	
CITY-ST-ZIP TITLE	VD	IX AL OUGS		DELETE	1.4 CITY 2.1 T/TL			Change Addition	
NAME	HARBIN	I R J		E 055575	2.2 NAM			Robert S Kramer	
		27TH AVE.						1411 U. 27th Ave.	
STREET ADDRESS		X AZ 85009							
CITY-ST-ZIP TITLE	DS	17 12 00000		DELETE	2.4 CIT 3.1 TITL		- 2119	Phoemx, AZ 85009 Change WAddition	
NAME	1	R, ANN M			3.2 NAM			Andrew K Kramer	
STREET ADDRESS		27TH AVE.					DDRESS	1411 b. 27th Ave	
CITY-ST-ZIP		X AZ 85009			3.4, CIT				
TITLE	V			DELETE	4.1 TITL		- 411	Phoenix, AZ 95009 Change Addition	
NAME	WILES	DOUGLAS			4. 2 NAN		1		
STREET ADDRESS		27TH AVE.					DDRESS		
CITY-ST-ZIP		X AZ 85009			4.4 CITY				
TITLE	VIS			DELETE	5.1 TITE		₽H	Change Addition	
NAME		OIN, JEFFREY D			5.1 NAM		ĺ		
STREET ADDRESS		27TH AVE.			5.3 STRI		ndress		
CITY-ST-ZIP		X AZ 85009			5.4 CITY		1		
TITLE				DELETE	6.1 TITL		*"	Change Addition	
NAME					6.2 NAM				
STREET ADDRESS					6.3 STRI		DORESS		
CITY-ST-ZIP	[6.4 CITY		- 1		
J 21 24					3.131				

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.